Leicestershire County Council.

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1926.

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J. W. Black, Esq. (Chairman).

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Squirrell, E. A.
Stubbs, W.
Tandy, E. W.
Timms, R.
(Vice-Chairman)
Ward, G.
Whitwell, H. J.
Wilson, C.
Wright, W. H.

17, Friar Lane, Leicester,

June, 1927.

Mr. Chairman and Gentlemen,

I have the honour to present my first Annual Report on the Health of the County. Although Summary Reports from District Medical Officers have been presented since the year 1890, this is actually the Twenty-ninth Annual Report of the County Medical Officer.

I have to record with regret that Dr. Robinson has been compelled to resign his office as County Medical Officer on account of ill-health. Dr. Robinson's resignation took effect from September 30th, 1926, when he was appointed as Consulting Medical Officer to the County. In consequence of this the benefits of his twenty-eight years' experience as County Medical Officer will still be available to the Health Department.

The Survey Report of last year gave full details of the administrative work of the Health Department, and a comprehensive review was given of the progress made in preventive medicine during the previous quarter of a century. This year's report is of a more summary character, but comprises a complete account of the Health Services during the year under review.

The year's record of health is, on the whole, very satisfactory. It gives me pleasure to record the lowest rate of Infant Mortality on record—58 per 1,000 births—which compares most favourably with that of the country as a whole.

The death rate also is the lowest that we have yet recorded, the only disquieting feature being the steady increase in the number of deaths from Cancer. The burden of infectious disease has fallen lightly during the year, and I am glad to report complete freedom from Small Pox; on the other hand, a widespread outbreak of Infantile Paralysis, which occurred last Autumn, will, I fear, increase the number of cases of crippling defect and make a comprehensive scheme of Orthopædic treatment a matter of extreme urgency.

The important question of the provision of clean and wholesome milk continues to occupy attention, and further progress has been made in ascertaining the quality of milk produced in the County. Details of this work will be found in the Laboratory section of the Report.

The administrative work of the Health Department increases year by year, as new Orders and Regulations are added to its list of duties.

Reference is made in the body of the Report to the following Regulations, etc., which have come into force, viz.: The Milk and Dairies Order, 1926; The Public Health (Ophthalmia Neonatorum) Regulations, 1926; The Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations 1926, and The Midwives and Maternity Homes Act, 1926.

The work of the Infant Welfare Centres has maintained its high standard, and the thanks of the County are due to the local Voluntary Committees whose help has done much to ensure the success of the Clinics. It is of the utmost importance that all these Centres should be under regular medical supervision, for only by this means can continuity of observation be secured. A complete scheme of Maternity and Child Welfare cannot be realised so long as we confine our attention to the infant alone: the work of safeguarding the health of the expectant mother is no less vital, and the provision of a system of antenatal care throughout the County must be our next objective.

I have the honour to be,

Mr. Chairman and Gentlemen,

Your obedient Servant,

J. A. FAIRER,

County Medical Officer of Health.

REPORT.

STATISTICS AND SOCIAL CONDITIONS OF THE COUNTY.

		Urban 39,915
Area (in acres)	524,197	Rural 484,282
Population (Census 1921)		260,326
,, (Estimated 1926)		279,700
	(Urban 115,600	Rural 164,100)
Number of Inhabited Houses (1921)		58,849
Number of Families or Separate Occupiers (1921) ...		60,560
Rateable Value and sum represented by a Penny Rate...		£1,925,159
		£6,653

Industries.

Particulars of the chief industries of the County were given in the Report for 1925.

Extract from Vital Statistics of the year:—

		Total	M.	F.	
Births	Legitimate ...	4,710	2,455	2,255	Birth rate 17.4.
	Illegitimate ...	158	79	79	
	Total	4,868	2,534	2,334	

Deaths—2,946 ..... Death Rate—10.5

Number of women dying in, or in consequence of, childbirth :— Sepsis 5; other causes 12.

Deaths of infants under one year of age per 1,000 births :— Legitimate 56, Illegitimate 120. Total rate per 1,000— 58.

Deaths from Measles (all ages) 7; Whooping Cough (all ages) 31; Diarrhœa (under 2 years) 22.

Births.

The Birth Rate has fallen from 17.7 in 1925 to 17.4 in the year under consideration. There has been a steady decline in the Birth Rate of the County, and this year is the lowest recorded since 1919—the exceptional post-war year in which the rate was 16.5. The Birth Rate for the country as a whole is 17.8.

The percentage of illegitimacy in the County is falling steadily, being 3.2 this year, as compared with 3.5, 3.3, 3.9, 4.5, 4.0 for the five years 1925—1921 respectively.

The notification of still-births still obtains under the Notification of Births Act, and applies to every child born after the 28th week of pregnancy. 38 such notifications were received during the year.

Deaths.

Again I have to record a decrease in the number of deaths, the death-rate this year being the lowest on record. This, together with an increased population, makes a most satisfactory return.

The total number of deaths was 2,946 : the rate of 10.5 which this gives compares favourably with that of 11.6 for the rest of the country.

Year	URBAN.		RURAL.		WHOLE COUNTY		Rate for England and Wales
	Net No. Registered	Rate	Net No. Registered	Rate	Net No. Registered	Rate	
1922	1237	11·2	1702	10·9	2939	11·1	12·9
1923	1189	10·6	1739	11.1	2928	10·9	11·6
1924	1333	11·74	1857	11·64	3190	11·68	12·2
1925	1319	11·57	1808	11·26	3127	11·39	12·2
1926	**1196**	**10·35**	**1750**	**10.66**	**2946**	**10·53**	**11·6**

The principal cause of the very low Mortality in the County this year is undoubtedly the decrease in the number of deaths from Influenza, Bronchitis, and Measles. In 1926 there were 62, 63, and 32 fewer deaths from these three diseases, respectively, than last year.

The seven chief causes of death were Heart Disease 13.98%, Cancer 11.71%, Cerebral Hæmorrhage 7.64%, Phthisis 6.65%, Pneumonia 5.19%, Bronchitis 4.48%, and Congenital Debility 4.41%.

The decrease in the number of deaths from Influenza is very welcome; many deaths from this disease could be prevented, if patients would only observe the simplest rules of care and treatment.

There is also a decrease of 21 in the number of deaths from Phthisis.

The details of the seven chief causes of death for 1926, the previous quinquennial average, and the percentage for the whole County, are given in tabular form on page 68.

Infantile Mortality.

The Infant Mortality Rate of the County for the year under review is 58, which is the lowest on record. It compares most favourably with that of England and Wales (70.0), which is in itself an excellent return.

The record of the County is well maintained. In spite of occasional set-backs, there has been a gradual, steady improvement in this Death Rate. The lower the figure becomes, the greater will be the effort required to reduce it still further; but there is every reason to believe that the effort will be well repaid, for most of the 284 deaths recorded belong to the group which we classify as preventable diseases. On the one hand we have infections such as Pneumonia (33 deaths), Bronchitis (19), Diarrhœa (20), and Whooping Cough (17); and on the other, Congenital Debility, Malformations and Premature Births, which accounted for 128 deaths; some, at any rate, of the latter could be prevented by better education of the parents.

The following table shows comparative rates for the last five years :—

Year.	URBAN.		RURAL.		WHOLE COUNTY		Rate for England and Wales.
	No.	Rate.	No.	Rate.	No.	Rate.	
1922	168	69	199	64	367	66	77
1923	147	65	181	59	328	62	69
1924	151	68	158	54	309	60	75
1925	147	71	201	71	348	71	75
1926	**133**	**65**	**151**	**53**	**284**	**58**	**70**

There were 19 deaths among illegitimate children—a rate of 120, as compared with 265 deaths among the legitimate showing a rate of 56.

CANCER.

In contrast with the decline in the Death Rate from most other diseases, the scourge of Cancer has advanced with unremitting pace. Throughout the country as a whole Cancer has increased five-fold in the last 70 years.

The deaths from Cancer in this County in 1900 were 177 : in the year 1926, 345 deaths are recorded, which is an increase of practically 100 per cent. in the last 26 years.

The average number of deaths for periods of 5 years is as follows :

1901-05,	181	1916-20,	267
1906-10,	211	1921-25,	324
1911-15,	253		

Of the 345 deaths from Cancer, 139 occurred in the Urban and 206 in the Rural Districts. Arrangement according to sex shows a preponderance of females (196 females to 149 males). According to age the distribution was as follows :—

5-45 years	45-65 years	65-75 years	75 & over
27	155	99	64
7.8%	44.9%	28.7%	18.6%

It will thus be seen that over 92% of the Cancer deaths occurred in persons over the age of 45.

As the total number of deaths in the County during 1926 was 2,946 and that from Cancer 345; this gives one death from Cancer in every $8\frac{1}{2}$, but in persons over the age of 45, one death in 6 was due to Cancer, whilst under 45 years the figure is only 1 in 37.

Poliomyelitis.

I regret to record a widespread outbreak of this disease, of which 72 cases were notified. Fuller particulars are given later in this Report.

GENERAL PROVISION OF HEALTH SERVICES.

HOSPITAL ACCOMMODATION.

(I) Fever.

The Isolation Hospitals in the County are in charge of the Isolation Hospitals Committee, whose Clerk is responsible for the admission of all cases of infectious disease. He reports as follows :—

"The Committee provides permanent hospitals at Melton Mowbray (20 beds), Hinckley (20 beds), and Blaby (18 beds); in addition, 8 beds are available at Loughborough, 8 at Ibstock, 6 at Moira, and 4 at Swannington."

The number of cases isolated at the above hospitals is given in the following Table :—

DISTRICT.	Diphtheria.	Scarlet Fever	Other Diseases.	Total.
Urban	66	125	2	193
Rural	115	128	39	282
Whole County	181	253	41	475

Other Diseases admitted to the Fever Hospital were as follows :—

Urban.—Enteric Fever 1, Erysipelas 1.

Rural.—Enteric Fever 27, Encephalitis Lethargica 2, Chicken Pox 5, Measles 4, Erysipelas 1.

(2) Small Pox.

There is a hospital at Syston with accommodation for 25 patients. Here there is a Resident Caretaker, and arrangements have been made for immediate staffing of the hospital should any outbreak occur. In the event of all the beds in this hospital being occupied, further accommodation is available at Snarestone (23 beds), which is in charge of a Resident Caretaker, and arrangements are made for the immediate reception of cases if the necessity arises.

(3) Tuberculosis.

The County Sanatorium at Mowsley is provided with 62 beds, of which 6 are in temporary use. There is also a Resident Dispensary at Hinckley with 22 beds, one at Coalville with 8 beds, and a six-bed block for advanced pulmonary cases at Melton Isolation Hospital

(opened June, 1926). As this accommodation is insufficient for the needs of the County, arrangements have been made for the admission of patients to Creaton Sanatorium, Northamptonshire.

(4) Maternity.

The County Council makes a grant of £50 in support of the Leicester and Leicestershire Maternity Hospital. Provision is made for unmarried expectant mothers at St. Saviour's Home, Northampton. In addition to the above, the Council allows the expenditure of £25 per annum for the Convalescent Home Treatment of Nursing Mothers.

(5) Children. (a) Convalescent Home Treatment.

There is a Children's Convalescent Home at Woodhouse Eaves, where the County Council provides 15 beds for County cases. In all 92 children were admitted; of these 56 were sent through the Sanitary Committee, and 36 through the Maternity and Child Welfare Committee. The average stay per patient of the former was 36.5 days, and of the latter 42.3 days.

The average gain in weight of the children sent by the Sanitary Committee was 4lbs. 11½ozs. each, and of those sent by the Maternity and Child Welfare Committee, 2lbs. 11½ozs. each. The state of health on discharge was as follows :—Satisfactory, 1; Improved, 61; Much Improved, 28; Discharged owing to Ringworm immediately after admission 2.

The Medical Officer of the Institution, Dr. Tuckett, reports as follows :—

"The Charnwood Forest Convalescent Home was opened from March 2nd to December 6th, and during the period your Committee sent 92 children, which is 6 less than the previous year. The report on each case has already been sent to you. Owing to the very fine warm Summer all the children made excellent progress. The average stay of patients was about 6 weeks, according to the disease. The average increase in weight was 3lbs. 14ozs. per patient, and one child gained 9lbs.

Twelve children who had enlarged tonsils and adenoids would have derived more benefit if they had received treatment before admission.

In my opinion your Committee are doing excellent work in building up delicate and pre-tubercular children, and children recovering from some medical or surgical disease."

(b) Provision for Orthopædic Treatment.

Pending the adoption of a general scheme, arrangement has been made with the approval of the Ministry of Health, for treatment of non-tuberculous children under 5 years of age at the Loughborough Cripples' Guild. The amount charged to the County Council for individual cases referred for out-patient treatment is 2/6 per attendance.

Any case requiring in-patient treatment is sent to St. Gerard's Hospital, Coleshill, at a cost of £2 5s. per week.

Parents and Guardians of patients are required to contribute towards the cost of treatment according to their means, and necessitous cases are granted free treatment.

Grants for travelling expenses are also made if a case is deemed to be necessitous.

Alan S. Malkin, Esq., is the Orthopædic Surgeon both at Coleshill Hospital and at the Loughborough Cripples' Guild.

Negotiations are proceeding with the Manfield Hospital, Northampton, for treatment of cases at that Institution.

(6) Other Hospitals.

Full particulars of these are given in the Annual Report of last year.

Clinic and Treatment Centres.

The following is a list of the Clinics and Treatment Centres available in the County area :—

Infant Welfare Centres.

Open Once a Week :

Ashby-de-la-Zouch.
Coalville.
Hinckley.
Measham.
Melton Mowbray.
Moira and Donisthorpe.
Mountsorrel.
Quorn.
Sileby.
Syston.
Thurmaston.
Whitwick.

Open Twice a Month :—

Anstey.
Asfordby.
Barrow-on-Soar.
Barwell.
Blaby.
Bottesford.
Cosby.
Desford.
Earl Shilton.
Enderby.
Fleckney.
Glenfield.
Humberstone.
Ibstock.
Kibworth.
Lutterworth.
Narborough.
Newbold Verdon.
Oadby.
Rearsby.
Rothley.
Shackerstone.
Shepshed.
South Wigston.
Stathern.
Whetstone.
Wigston Magna.

Open Once a Month :—Evington.

With the exception of Hinckley and Syston the premises in all cases are the same as given in last year's Report. The new addresses at Hinckley and Syston are Y.M.C.A. Building and Church Rooms respectively.

Maternity and Child Welfare.

Further progress has been made in this work during the year. Three new Centres have been opened, at Humberstone (Parish Rooms), Ibstock (Old School), and Bottesford (Coffee House), making a total of 40.

The Centres are all under Medical Supervision, and every endeavour is made to secure a visit by one of the Medical Officers at least once a month. 250 visits were made during the year :—Dr. Weston 125, Dr. Coward 91, Dr. Fairer 20, Dr. Dalton 10, Dr. Robinson 3, Dr. Carpenter 1.

A Health Visitor attends all the meetings for the purpose of holding consultations with the mothers, giving advice on feeding, and systematically weighing the children. The Health Visitors are experts on Infant Feeding and the common ailments of early childhood, but cases presenting any difficulty are referred to the Medical Officer.

The total number of mothers on the books of the Centres is 2,211 ; of infants 1,295, and of toddlers 1,466.

During the year approximately £400 has been spent in supplying milk to necessitous mothers, and to children under three years of age.

School Clinics.

Three School Clinics are provided by the County Education Committee for the treatment of minor ailments. These are held at Coalville, Hinckley, and Melton Mowbray.

Coalville.—Primitive Methodist Schoolroom. The premises are centrally situated as regards the Schools, and consist of a large room with several smaller ones adjoining. The Clinic is held on Tuesdays and Fridays, a School Nurse attends each day, and a School Medical Officer on Tuesdays.

Hinckley.—Mission Room. The Clinic is held every Tuesday. A School Medical Officer and a School Nurse attend every Session.

Melton Mowbray.—Town Hall. The Clinic is centrally situated, and is open on Wednesdays and Fridays. The School Medical Officer attends on Wednesdays, and the School Nurse is in attendance at each Session.

Tuberculosis Dispensaries.

The following is a list of the Tuberculosis Dispensaries, all of which are provided by the County Council and attended by the Tuberculosis Officers of the County Staff :—

Dispensary :—

Coalville, Bakewell Street, Friday at 10 a.m.
Hinckley, Manor House, Bond Street, Monday at 10 a.m.
Leicester, 17 Friar Lane, Pensioners, Tuesday, at 10 a.m.; other cases, Wednesday at 10 a.m.
Loughborough, Frederick Street, Thursday at 10 a.m.
Melton Mowbray, 5a Nottingham Street, Tuesday at 10 a.m.

Treatment Centres for Venereal Diseases.

Two Clinics available for the County cases.—

(1) Loughborough.—This Clinic is provided entirely by the County Council. It meets every Monday afternoon—Females 3-4.30 p.m., Males 5-7 p.m.—at the Out-Patient Department of the Loughborough General Hospital. Treatment is carried out by the Venereal Diseases Officer of the County Medical Staff.

The following is an extract from the Report of the Medical Officer :

NEW CASES	...	30	(18 M. and 12 F.)
Syphilis	... ...	12	(5 M. and 7 F.)
Gonorrhœa	... ...	13	(10 M. and 3 F.)
Non V.D.	... ...	5	(3 M. and 2 F.)

ATTENDANCES. The total number of attendances was 362, distributed as follows :—Syphilis 181 (115 M. and 66 F.); Gonorrhœa 168 (107 M. and 61 F.); and Non V.D. 13 (5 M. and 8 F.).

TREATMENT.—35 injections of Arsenobenzol Compounds were given to 24 males and 11 females. Other forms of treatment were given : Irrigations, Vaccines and Bismuth Compounds, making a total of 255.

48 doses of Arsenobenzol Compounds were supplied to General Practitioners who hold the necessary qualifications for treatment. 70 Pathological Examinations were performed for the purpose of diagnosis and evidence of progress or arrest of the disease.

(2) Leicester.—This Clinic has been established by the Corporation of the City of Leicester, and is held at the Leicester Royal Infirmary. County cases are dealt with at the Clinic by arrangement with the City Authorities at a charge approved by the Ministry of Health. The times of attendance are as follows :—

Males : Mondays, 3.30 to 6.30 p.m.. Wednesdays and Fridays 6.30 to 9.30 p.m. ; Thursdays 5.0 to 8.0 p.m.

Intermediate treatments daily from 8.30 a.m. to 8.30 p.m.

Females : Mondays 6.30 to 8.30 p.m. ; Wednesdays 4.0 to 6.0 p.m. ; Fridays 3.30 to 5.30 p.m.

Intermediate treatment daily by arrangement.

The following are extracts from the reports of the Medical Officers in charge of the V.D. Clinics at the Leicester Royal Infirmary :—

(Male Clinic).

Ninety-five new cases attended from the County, and the attendances of county patients numbered 1,445. There were also attendances for irrigations and other intermediate treatment when the Clinics were not in session, of county patients to the number of 319.

In every case treated, the blood and discharges were submitted for Pathological and Bacteriological tests on one or more occasions, for

the purposes of diagnosis, aid to treatment, evidence of progress, and proof of recovery. The cerebro-spinal fluid in many cases of Neuro-Syphilis was submitted to Wassermann and other tests, and, when advisable, Salvarsanised blood-serum injected intraspinally for their treatment.

To patients suffering from Syphilis from both City and County 1,694 intravenous or intramuscular injections of salvarsan substitutes and 690 intramuscular injections of mercury cream were administered. Of these 1,979 were for treatment of City and 405 for treatment of County patients.

In-Patients.

113 cases were admitted to the wards, 40 of these being County patients.

Points of Material Interest.

During 1925, there was an increase of 13 per cent. in the number of new cases admitted to the Clinic. During 1926 there was a further increase of 18 per cent.—due to the increase of both Gonorrhœa and Syphilis. Out of the 134 cases of Clinical Syphilis which presented themselves for examination and treatment, 12 only were proved pathologically and clinically to be primary infective Syphilis in the acute stage; 95 were proved to be Syphilis in the chronic stage; 27 were not suffering from Syphilis. These figures show a considerable decrease of primary Syphilitic infection in the County and City.

The adult case of Gonorrhœal Ophthalmia, admitted to the ward on his first attendance, proved to be a most virulent infection, both eyes having developed, or afterwards developing, corneal ulcers; he made a recovery with perfect vision, and thanks are due to the supervision of our Ophthalmic Surgeon.

Every effort has been made to persuade and encourage patients to persist in their attendances for treatment until all symptoms have disappeared and the necessary tests have been made to prove that their cure is complete.

(Signed) HENRY J. BLAKESLEY,
F.R.C.S., Eng.

(Female Clinic).

New Cases.

80 County patients were admitted : 44 were suffering from Syphilis, 29 from Gonorrhœa, and 7 showed no signs of V.D.

Out-Patients.

Total attendances from the County were 1,291.

Treatment for Syphilis.

Medicine is given orally, by injection, and by inunction.

The principal drugs employed are :—

Neokharsivan used intravenously.
Sulfarsenol used intra-muscularly.
Bismuth (Hypoloid) used intra-muscularly.
Intramine and Thiostal have been used occasionally.

As a course of treatment, about 10 injections are given in 12 weeks, and at the same time Mercury, Potassium Iodide, or Bismuth are given.

Infants born of parents suffering from Syphilis are treated whenever possible, whether signs of disease are present or not.

In-Patients.

Fifty-three of the In-patients were from the County, and the total number of In-patient days of treatment given during the year to these County cases was 925.

Gonorrhœa.

Local disinfections by dressings, tampons, douches, or pessaries are made as frequently as possible.

Tonics are given when anaemia is caused. Alkalies are administered in early cases.

Female Diseases Clinic at 1, *Ashleigh Road, Leicester.*

The work is for young unmarried girls, and is carried out in three parts :—

(1) In the Hostel, containing 9 beds with extra cots for the babies as required.
(2) Work at the Weekly Clinics—twice a week.
(3) Daily work carried on by the Sister in Charge according to prescription.

The Hostel.

From the County the number of girls admitted was 8, and 2 babies. The days of residence of these girls numbered 454, and of babies 122.

Of these cases 6 suffered from Gonorrhœa and 2 from Syphilis and Gonorrhœa.

4 have been transferred to other Homes for treatment.

3 are working and attending the Weekly Clinic.

1 is not attending satisfactorily.

Weekly Clinic for Working Girls.

12 new girls from the County have attended this Clinic out of a total of 59.

58 injections have been given and 156 dressings for Gonorrhœa.

Daily Work.

About 30 dressings have been done for County girls by the Sister in Charge at other times than at the attendance of the Medical Officer.

(Signed) BESSIE SYMINGTON,
M.D., B.S. (Lond.).

Officers of the Medical Department.

T. ROBINSON, M.R.C.S., L.R.C.P., D.P.H. (Camb).
County Medical Officer (Resigned 30th September, 1926).
Consulting Medical Officer.

J. A. FAIRER, M.D., Ch.B., D.P.H.
County Medical Officer.
Chief School Medical Officer.
Administrative Tuberculosis Officer.
Chief Medical Officer for Maternity and Child Welfare.

N. A. COWARD, O.B.E., M.D., Ch.B. (Edin.), D.P.H. (Oxon).
Senior Assistant County Medical Officer.
Senior Tuberculosis Medical Officer.
Medical Officer for Maternity and Child Welfare.

G. G. BUCHANAN, M.B., D.P.H.
Second Tuberculosis Medical Officer.

MARY E. WESTON, M.B., B.S. (Lond.).
Assistant Infant Welfare Medical Officer.
Assistant School Medical Officer.

S. E. MURRAY, M.B., B.S., L.M.S.S.A.
J. B. DALTON, M.B., Ch.B.
Assistant School Medical Officers.

Dr. Coward devotes a quarter of his time to Maternity and Child Welfare work, and Dr. Weston a third of her time to that department. Dr. Dalton has recently been appointed Venereal Diseases Officer.

The Clerical Staff consists of a Chief Clerk in the General Department (H. Burditt), with five assistants, a Chief Clerk in the Tuberculosis Department (H. Collington), with two assistants. Mr. J. N. Graham is the Senior Laboratory Assistant with one junior assistant.

Health Visitors:

*Warren, Mrs. A. (Superintendent).
Antrobus, Mrs. A. D.
Bailey, Miss A. J.
*Bennett, Miss G.
Bourne, Mrs. S. J.
Brunsdon, Mrs. P.
*Brunt, Mrs. M. J.
*Butler, Miss G. E.
*Cade, Mrs. F. E. M.
Carryer, Miss G. I.
Dilworth, Miss M. A.
Dollman, Mrs. E. A. E.
Duncombe, Miss A.
Fox, Miss L.
Griffiths, Miss T. M.
Hall, Miss H. E.
*Marsh, Miss K. A.
Wright, Mrs. E. E.

All the above are fully trained Nurses and hold the C.M.B. Cer-

tificate. In addition, those marked with an asterisk hold the certificate of Sanitary Inspector, and the Superintendent also holds the Child Welfare Workers' Certificate.

Professional Nursing in the home.

The arrangements for professional nursing in the home present a fine example of the value of voluntary co-operation. The central organisation is the County Nursing Association, through which the work of the affiliated District Nursing Associations is co-ordinated.

In 1910, when the Association was formed, there were five affiliated local Associations; in the present year, as a result of steady progress and development, there are no less than seventy-two affiliated Associations, and the whole County receives the benefit of a unified and efficient Nursing Service.

While the County Nursing Association is by its constitution dependant on voluntary subscriptions, the County Council are able to co-operate with it in the promotion of special Nursing Services. A grant of £240 (£70 for 1925-6, and £170 for 1926-7) was allowed for placing Midwives in the County. The scheme of the County Midwifery Service is as follows :—

(*a*) The provision of six Midwives to work in any part of the County for (1) necessitous districts, and (2) necessitous women.

(*b*) The provision of special grants to new District Nursing Asociations when required.

(*c*) The payment of a subsidy to Midwives in sparsely populated areas.

(*d*) The payment of a Milage Grant per case to Midwives who take cases outside their usual area.

Further particulars relating to grants for the training of Midwives, Scholarships, etc., will be found in the next section.

Valuable work is also done through the County Nursing Association in connection with the supervision and home nursing of cases of Tuberculosis. Arrangements are made for the home nursing of cases recommended by General Practitioners and approved by the County Medical Officer. The Nurses visit Tuberculosis patients who have been provided with shelters, and report periodically on their condition. The County Council remunerate the Association for all visits made.

Midwives.—Employment of, and Subsidy to, practising Midwives in the County.

Only two midwives are subsidised by the County Council, at a rate not exceeding £21 per annum.

Midwifery Scholarships.

A sum of £240 for the financial year 1926-27 was set aside for the provision of Midwifery Scholarships in the County, and £185 17s. 3d. was expended.

Post-Certificate Courses.

A sum of £100 for the year 1926-27 was allotted for this purpose, for Midwives attending Institutions approved by the Ministry of Health.

No Midwife attended a course of this kind during 1926, but this was no doubt due to a great extent to the unsettled industrial conditions which prevailed during the year.

A grant of £10 is available for each Midwife attending a course. This amount, however, does not cover the whole expenses incurred, and it would appear that many District Nursing Associations are unable to bear the additional expense.

Placing of Midwives.

A grant of £10 is made to the County Nursing Association for each Midwife newly-appointed by that Association, whether to fill a vacancy or to serve in an area hitherto unprovided for. During the financial year 1926-27 a total of £170 was paid.

Inspection of Midwives.

The inspection of Midwives under the Midwives Acts of 1902 and 1918 is undertaken by the County Health Visitors, and the work of the Midwives in the County is closely supervised by the Superintendent Health Visitor and her Staff. In consequence of this there is a decrease in the number of occasions where midwives have been neglectful of their duties under the Rules of the Central Midwives Board.

The number of Midwives who notified their intention to practice in the County was 191, and of this number 13 left the County before the end of the year and 3 ceased to practice. Of the 191 Midwives, 161 hold the C.M.B. Certificate, 8 the L.O.S. Certificate, 1 the Certificate of the Rotunda Hospital, and the remaining 21 are in "bona fide" practice.

In 1905 the number of Midwives who notified their intention to practice in the County was 91. of whom 87 were "bona fide," 2 held the C.M.B. Certificate, and 2 the L.O.S. This striking increase in the number of fully-trained Midwives and the ultimate disappearance of the "bona fide" woman will undoubtedly prove beneficial to the community. Part I. of the Midwives and Maternity Homes Act, 1926, imposes further restrictions upon the practice of Midwifery by unqualified persons.

During the year 266 visits have been made to Midwives, including 141 of a special nature. The bags and books have, on the whole, been found in a satisfactory condition; in many instances the appearance of these articles gives one a good idea of the standard of work performed by the owners.

During the period under review 3 Midwives were reported to the Local Supervising Authority for breach of the Rules, and they were duly warned. In addition it was necessary to report 2 Midwives to the Central Midwives' Board for contravention of the Rules of that Body. The Board decided that they should be struck off the Roll.

The following returns were received from the County Midwives during the year :—

Medical Help Records	451
Notice of Liability to Infection	52
Laying Out of Dead, Records	51
Stillbirth Records	38
Notices *re* Artificial Feeding	24
Notices *re* Change of Address	21
Notice of Death of Mother or Child	10

The Midwives called in Medical Help in 28 per cent. of the cases attended by them, as compared with 25 per cent. last year. Medical help was required in 451 cases—376 for the mother, and 75 for the child.

The registers of the Midwives show that 2,388 cases were attended during the year. Of this number 1,630 were taken by the Midwives alone, and in the remaining 758 cases both Doctor and Midwife were engaged.

The Midwives and Maternity Homes Act, 1926.

The second part of this Act makes it an offence for any person on or after the 1st January, 1927, to carry on a Maternity Home, unless that person is registered in respect of that Home.

The duties imposed upon the Local Supervising Authority, therefore, are (*a*) to give notice throughout their area of the requirements of the Act; (*b*) to inquire into the circumstances of each application for registration as regards both the fitness of the applicant to carry on the Home, and the suitability of the premises. This requires a personal inspection by a suitably qualified Officer of the Health Department; (*c*) to make arrangements for the registration of suitable applicants. In addition, the Local Supervising Authority is empowered to make Bye-laws with respect to the records to be kept of patients received into and children born in a Maternity Home. Bye-laws with respect to Maternity Homes have been made by the County Council and issued to all concerned.

Sanitary Circumstances of the Area.

Water Supply.

The water supplies of the County are derived, to an increasing extent, from public sources which are in the main pure and wholesome The districts in the neighbourhood of Leicester are particularly fortunate in obtaining the excellent water from the City mains; and most of the Urban Districts have access to a public supply of good quality. In Hinckley, for example, the Medical Officer of Health reports :—

> "The main for the supply of water from the Nuneaton Corporation was completed, and the actual date of formal turning on of this supply was October 18th. The cost of the main was £10,000. The supply is up to 30,000 gallons per diem, which equals about half the supply from Snarestone, and the two together should prove ample for a very considerable time to come. At present about 40,000 gallons per diem are being taken from the latter source."

A further extension of the Loughborough water supply was sanctioned by the Ministry of Health during the year. The cost of the scheme is estimated at £11,500. At Market Harborough a scheme involving an expenditure of £3,000 was also sanctioned after an Inquiry by the Ministry of Health. A scheme for the improvement of the water supply as Asfordby was referred, at a Ministry of Health Inquiry, for further consideration of existing supplies.

In the Rural Districts especially, and in outlying areas of some Urban Districts, a considerable proportion of the population still

obtains its water from shallow wells. As the majority of these show evidence of contamination, the rapid extension of public supplies is important in the interests of health.

Rivers and Streams: Drainage and Sewerage.

The enormous development in housing schemes which has taken place in the last few years, and the extension of the water carriage system of sewage resulting from the erection of new houses, have affected the rural areas of the County no less than the larger Urban Districts. In consequence of this, many of the older sewage systems have become obsolete, and are no longer able to deal effectively with the volume of sewage which they now receive. In some of the larger districts this problem has been faced, and sewage works are being extended to meet the growing demands upon their capacity. In other districts, however, no action has yet been taken, and dangerous pollution of rivers and streams occurs. The Health Department is alive to the risks of such pollution, and during the year under review, a systematic investigation has been carried out, both in the field and in the laboratory. A large number of chemical examinations of sewage effluents, and of stream water above and below sewage outfalls has been made during the year. It is not yet possible to give a comprehensive review of this work, which is still in progress, but the following is a summary account of the inspections undertaken during 1926 :—

For the sake of brevity, reference is made only to cases in which special comment is required; that is, where new works have been undertaken, or where some reorganisation or extension of the existing works is considered necessary.

(1) **Anstey.**—The situation here is complicated by the proximity of Beaumont Leys, the sewage farm for the City of Leicester. Consequently the stream, both above and below the sewage outfall, was found to be heavily polluted.

The District Medical Officer of Health writes :—

> "The sewering of the Rothley—Cropstone Road and its vicinity, together with the effective purification of the sewage from Anstey, is another matter calling for early attention."

Barrow-on-Soar.—Adverse reports were made upon this effluent, but the Sewage Farm is adjacent to that of Quorn Urban District Council, which is in a most unsatisfactory condition : this no doubt accounts for the fact that the combined effluent is below standard.

Barwell.—A Ministry of Health Inquiry was held in September, 1926, and sanction was given to borrow £22,450 for a new system of sewerage and sewage disposal. The scheme consists of a partially separate system, and the existing sewers will mostly be retained as surface drains. The new scheme allows for a population of about 5,000 on the Northern Drainage Area; the smaller Southern Scheme will not be completed at present.

Birstall.—The District Medical Officer of Health writes:—"For 1926 we have to record the completion of the Rothley Sewage Scheme and the effective drainage of part of the parish of Birstall to the Leicester City sewers. . . . The rapid development of several of the larger parishes has rendered increasingly necessary the provision of effective measures for protecting the rivers from pollution. This is most notably the case in the north of Birstall and at Syston. Pronounced pollution is taking place in both parishes, and it is in my opinion no longer permissible to defer the provision of the necessary plant for the purification of sewage."

Blaby and Whetstone.—The effluent from this farm is unsatisfactory; the provision of a new filter-bed and re-arrangement of the existing system of distribution are urgently required.

Castle Donington.—The farm is able to deal with three times the dry weather flow: anything beyond this passes direct into the stream without reaching the sewage farm. The final effluent at the farm was found to be satisfactory.

Coalville.—There are two Sewage Farms, one for the South side of the district at Kelham Bridge, and one for the North side at Snarrows. Both farms have worked satisfactorily, and the effluents, especially from the latter, have maintained a fairly good standard.

Desford.—The condition of this sewage farm is far from satisfactory, and the effluent is very poor. Reconsideration of the whole scheme of sewage disposal will be required at an early date.

Earl Shilton.—"A comprehensive scheme for the effective sewerage of Earl Shilton has been sanctioned by the Ministry of Health. Its completion will mean a pronounced improvement in the sanitation of this parish. It is to be regretted, however, that it has not been found practicable to include the upper part of the parish adjoining Barwell, and I am of opinion that, owing to insanitation associated with cesspools in this area, the Council should consider the desirability of making separate provision for its sewerage."—Report of M.O.H. of Hinckley R.D.C.

Foxton.—The new Sewage Disposal Works were completed early in the year, and are discharging a satisfactory effluent. The works at Fleckney continue to be sufficient for present requirements.

Glen Parva and Lubbesthorpe.—A Ministry of Health Inquiry was held in September into a Sewage Disposal Scheme which required sanction to borrow £12,690.

Hinckley.—The District Medical Officer of Health reports :—"The construction of the new Sewage Works was completed, and the plant was formally opened on December 22nd; the cost of this scheme was £35,000.

Under this scheme the system of disposal is by bacteria beds, replacing land treatment. Seven new beds with Humus tanks in duplicate have been constructed.

The operation of seeding the beds is now being developed; owing to cold weather this development is taking rather longer than anticipated, but they adready show about 50 per cent purification. The colour from the Dye Waste is not removed, and it would appear desirable to experiment with various different methods for decolorising this."

Ibstock.—The effluent examined in August, 1926, was not good, but the Humus tank was being cleaned out, and some improvement may be expected.

Kegworth.—Considerable expenditure has been incurred in recent years for the improvement of this Sewage Farm, with the result that the system is likely to become highly efficient at an early date. The only additional plant that may be found necessary is the provision of an extra pump to allow a longer rest interval.

Kirby Muxloe.—A new scheme of sewage disposal has been sanctioned by the Ministry of Health, and it is expected that the farm will be in good working condition at an early date. The cost of the scheme is £3,945.

Kibworth Harcourt.—The District Medical Officer of Health reports :—"The alterations at Kibworth Sewage Disposal Works were completed early in the year, and I am glad to say an improved effluent has been obtained. The irrigation system is being still further improved."

Loughborough.—An Inquiry was held by the Ministry of Health, and sanction was given for the borrowing of £5,640 for further improvements in the system of sewage disposal.

Mountsorrel.—The effluent from this sewage farm was found to be unsatisfactory, and an adverse report was made to the district concerned.

Oadby.—The Medical Officer of Health of the Urban District reports:—"River pollution in the district was abolished two years ago, an excellent effluent being obtained from the new installation for the purification of sewage. With rapid development of the area the effluent is, however, deteriorating. As this deterioration is bound to continue, you would, I think, be well advised to add to the filtration area or to whatever in the present plant shows signs of being overtaxed. The additional rates obtained from the new houses would, I think, reimburse you for any expenditure in enlarging the existing works."

Quorn.—The effluent from this farm is unsatisfactory, and causes direct pollution of the River Soar.

Ratby.—Considerable improvement is required in the present system of distribution over the land, in order to bring the existing works to a reasonable degree of efficiency.

Sileby.—The main defect in this system of disposal is insufficient pumping capacity. I understand that a new pump will be installed next year.

Syston.—There is considerable pollution of the Syston Brook below the farm, apparently due to percolation of untreated sewage. Reorganisation of this farm is under consideration, and it is hoped that a satisfactory effluent will be obtained next year.

Shepshed.—The report of the Manager of the Sewage Farm to the Urban District Council is as follows:—"Your recently-established scheme is giving every satisfaction. Various inspections have been made, and many samples of the effluent taken, and the results were very good.

The two chambers constructed in the main drain for dealing with road detritus have proved very beneficial, and the drain can now be kept entirely free from heavy matter with a minimum of labour.

Good progress has been made with clearing of the land, which is essential in helping the filtration during rainy periods.

There is every hope that the existing scheme should be able to deal efficiently with all the sewage of your districts for many years."

Thurmaston.—The Medical Officer of Health of the Urban District reports. "The low level of the village, which permits of but

little fall for the sewers, precludes the possibility of any effective system of sewage purification without pumping. Direct pollution of the River Soar is consequently taking place at several points."

At the request of and in conjunction with the Ministry of Agriculture and Fisheries, a part was taken in what has now become an annual hydrographical survey of the Trent watershed, and on the 15th July and 16th September, samples of water were taken from five different points along the River Soar. These samples were tested for the amount of Dissolved Oxygen which plays a large part in the maintenance of fish life.

There appears to be no improvement in the condition of the river below Wanlip outfall, and complaints are still received from the riparian landowners.

Practically all the sewage farms in the County were inspected at some time during the year, those which were in an unsatisfactory condition being reported to the Sanitary Committee, who in turn reported to the Urban and Rural Districts concerned.

It may be admitted, in conclusion, that the problem of effective sewage disposal, particularly in the rural areas, is very acute. But it is not insoluble. One must remember that similar post-war difficulties, no less baffling at the outset, have already been overcome. For example, the great increase in motor traffic created a very serious road problem, but the immense work which has already been carried out, both in road widening and in the construction of new highways, has gone far to solve it. In a similar manner the housing shortage has been gradually relieved, but increased building has inevitably led to new difficulties in sewage disposal. Serious pollution of rivers and streams is unavoidable during the period of reconstruction, but ultimately the community will benefit, if only the difficulties are faced with foresight and determination.

Closet Accommodation, Scavenging, and General Sanitary Inspection.

As these matters are dealt with in detail in the Reports of the District Medical Officers, it is unnecessary to make more than a passing comment.

Improvement in the methods of refuse disposal is taking place gradually throughout the County, but the arrangements in many districts still fall far short of what is desirable in the interests of health. The main lines of advance in this respect are (*a*) the institution of a definite

scavenging system by the local Authority; (*b*) the substitution of movable ashbins for fixed receptacles, and (*c*) the provision of a suitable refuse destructor.

SCHOOLS.

Gradual improvements are being effected in the hygienic conditions of the Public Elementary Schools, especially with regard to cloak-room accommodation, and the arrangements for drying clothes in wet weather.

Three new schools were opened during the year—at Worthington, Coalville, and Lubbesthorpe; and the aim of the Authority is, as time goes on, to replace the older country schools with modern buildings and hygienic fittings.

Three schools were closed during the year by the Education Authority acting on the advice of the School Medical Officer; two on account of Scarlet Fever and one to prevent the spread of Measles. No closures were made by the Local Sanitary Authorities under Article 57 of the Code.

Under Rule 23 of Schedule IV. of the Code (para 2 (*a*)) 58 certificates were given by the School Medical Officer to the effect that a low percentage of attendance might reasonably be attributed to the prevalence of epidemic illness in the district.

Full details regarding the above are given in my Annual Report as Chief School Medical Officer.

HOUSING

Section 92 of the Housing Act, 1925, enables County Councils, as well as District Councils (*a*) to advance loans on mortgage to persons either constructing or altering houses, or acquiring houses the construction of which was begun after the 25th April, 1923, and (*b*) to give guarantees to Building or Industrial or Provident Societies to aid the building or acquisition of houses, the construction of which was begun after 25th April, 1923. The value of a house must not exceed £1,500.

Inquiries were made of each District Council in the County, and it was ascertained that the following Urban Councils.—Ashby-de-la-Zouch, Ashby Woulds, Coalville, Loughborough, Quorndon, Thurmaston, Wigston Magna, and the following Rural Councils :—Ashby-de-la-Zouch, Belvoir, Castle Donington, Hinckley, Hallaton, Loughborough, Lutterworth, Market Bosworth, Market Harborough, had up to the time of enquiry taken no action. The others had taken action in various directions.

HOUSING.

The following is a summary of the particulars given by the District Sanitary Inspectors in their Reports for 1926 :—

(*a*) Number of New Houses erected during the year.

DISTRICT.	With State under Housing Acts		Total (including numbers given in columns 2 & 3).
	By Local Authority.	By other Bodies or Persons.	
(1)	(2)	(3)	(4)
Urban Districts :			
Ashby-de-la-Zouch ...	—	4	6
Ashby Woulds	—	2	2
Coalville	76	52	136
Hinckley	24	107	151
Loughborough	42	28	78
Market Harborough ...	15	48	68
Melton Mowbray	16	53	73
Oadby	—	36	52
Quorn	—	10	15
Shepshed	8	—	11
Thurmaston	—	51	57
Wigston	—	214	221
Total	181	605	870
Rural Districts :			
Ashby-de-la-Zouch ...	—	48	59
Barrow	44	261	351
Belvoir	—	—	—
Billesdon	—	31	40
Blaby	—	181	244
Castle Donington	6	2	8
Hallaton	—	8	8
Hinckley	50	115	212
Loughborough	—	3	10
Lutterworth	—	24	26
Market Harborough ...	—	10	10
Market Bosworth	—	41	47
Melton Mowbray	—	25	33
Total	100	749	1048
Total, Whole County	281	1354	1918

Defective Houses—Rendered fit, closed and demolished under Housing Acts.

Number of Dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	157	
Number of Dwelling-houses (exclusive of those referred to under the preceding heading) found not to be in all respects reasonably fit for human habitation	1,247	
Total found defective		1,404
Number of Defective Dwelling-houses rendered fit in consequence of :—		
(*a*) Informal action	965	
(*b*) Service of formal notices	163	
		1,128
Number of Dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close		10
Number of Dwelling-houses in respect of which Closing Orders were made		39
Number of Dwelling-houses in respect of which Closing Orders were determined		11
Number of Dwelling-houses in respect of which Demolition Orders were made		4
Number of Dwelling-houses demolished in pursuance of Demolition Orders		3
Total in which action was taken ...		1,195

Inspection and Supervision of Food.

Milk and Dairies Consolidation Act, 1915.

Reports were received from the Medical Officer of Health of the London County Council, under Section 4 of this Act, that samples of milk taken were found to be infected with Tubercle; in consequence of this 7 visits of inspection were made to 6 Dairy Farms in the County. Ten samples of milk were collected from these farms, 2 of which gave positive results : the two animals affected were slaughtered.

On four of the farms in question no animal giving Tuberculous milk could be detected. As a considerable time elapses between the taking of a sample and the final report on animal inoculation, it is possible that a Tuberculous cow may have been removed from the herd in the interval. On the other hand, it seems that producers sending

milk by rail do not always have their own churns immediately returned to them, and in consequence these churns may be used in the interval by other milk producers. Consequently the real owner of the churn may be blamed for Tuberculous milk which he did not produce.

It is desirable that, in addition to the name and address of the owner, every churn should be permanently marked with a number; and that the consignor of the milk should be required to keep a register showing the number of the churn, the date of despatch and return; and that this register should be open for inspection by the Authorised Officer of the County Council and the Local Sanitary Authority.

Milk and Dairies Order, 1926.

This Order came into force on 1st October, 1926, transferring the work relating to the health inspection of cattle from Local Sanitary Authorities to County Councils. The Leicestershire County Council decided that the Veterinary Inspectors employed by the Local Sanitary Authority previous to 1st October, 1926, should continue to act in the same capacity for the County Council until 31st March, 1927; and also (in 1927) that Part IV. of the Order should be administered by the Diseases of Animals Sub-Committee of the Agricultural Committee.

Dairies, Cowsheds and Milkshops.

From the Sanitary Inspectors' reports I have obtained the following information.—In the Urban Districts there was a total of 277 retailers and 220 wholesalers and producers registered; and in the Rural Districts 818 retailers and 2,325 wholesalers and producers registered.

The total for the County, therefore, was 1,095 Retailers and 2,545 Producers.

The official agricultural returns taken by the Ministry of Agriculture on the 4th June, 1926, show the number of dairy cattle in the county as follows.—

Cows and heifers in milk	...	40,065
Cows in calf but not in milk	...	5,695
Heifers in calf with first calf	...	9,281
Total Dairy Cattle		55,041

Graded Milks.

During the year 3 more licenses for the production of Grade "A" milk were issued. There are now 11 producers of Grade "A" milk, licenses for which are issued by the County Council.

Bacteriological Tests.

In 1925 a scheme was instituted for the examination of samples of milk in the County Laboratory, and the scheme was continued in 1926. The total number examined during the two years was 1,250. In addition to these, 175 samples from Grade "A" producers and others were examined. A more detailed report is given in the Laboratory Section.

During the year 10 samples of milk were forwarded to Laboratories at Derby and Birmingham for examination for T.B. under the Milk and Dairies (Consolidation) Act. Of these 2 were found to be Tubercular.

SALE OF FOOD AND DRUGS ACTS.

The above Acts are administered by the Police in this County, and the following is a record of investigations carried out by Dr. Bernard Dyer, the County Analyst, during 1926 under the Public Health (Milk and Cream) Regulations, 1912 and 1917.

Milk and Cream not sold as Preserved Cream.

	(a) Number of samples examined for the presence of a preservative.	(b) Number in which preservative was reported to be present and percentage of preservative found in each sample.
Milk	60	0
Cream	13	0

Cream sold as Preserved Cream.

* Correct statements made	3
Statements incorrect	0
	3

* In one of the cases the Vendor made correct statement but omitted to affix the necessary label.

Percentage of Preservative found in each sample.	Percentage stated on Statutory Label
1 sample contained 0.20 per cent. Boric Acid	0.40
1 ,, 0.26 ,, ,,	0.40
1 ,, 0.35 ,, ,,	No label.

Determination made of milk fat in cream sold as Preserved Cream :
(1) Above 35% 3. (2) Below 35% 0. Total 3.

Prevalence of and Control over Infectious Diseases.

Zymotic Deaths.

The diseases included under this heading are Small Pox, Enteric Fever, Measles, Whooping Cough, Diphtheria, Scarlet Fever, and Infantile Diarrhœa (under 2 years).

The number of deaths from these diseases shows a welcome decrease from 130 in 1925 to 86 in the present year.

The rate has fallen from 0.47 in 1925 to 0.31 this year.

From the Table below it will be seen that the number of deaths and the death rate have risen and fallen in alternate years with consistent regularity. This is almost entirely due to the fluctuations in the epidemics of and deaths from the three most common and most fatal diseases of infancy and early childhood, viz. : Measles, Whooping Cough, and Diarrhœa.

There were very few deaths from Measles this year—the total being 7 against 39 in the previous year. There was also an appreciable decrease in the deaths from Whooping Cough—the figures being 31 against 45 in 1925.

The deaths from Infantile Diarrhœa numbered 22 against 26 in 1925.

YEAR	URBAN.		RURAL.		COUNTY.	
	No.	Rate.	No.	Rate.	No.	Rate.
1922	38	0·3	38	0·2	76	0·3
1923	59	0·5	79	0·5	138	0·5
1924	30	0·3	35	0·2	65	0·2
1925	74	0·7	56	0·4	130	0·5
1926	**43**	**0·37**	**43**	**0·26**	**86**	**0·31**

Notifications.

The list of Notifications received from the Urban and Rural Districts during the year under review is shown in Table 4 page 69.

This year the total number of Notifications shows a decrease of 374 on last year. The chief improvements have been in Chicken Pox and Scarlet Fever; but on the other hand there has been a large increase in the number of cases of Poliomyelitis.

In all 474 notifications of Scarlet Fever were received against 604 last year; 258 cases of Chicken Pox were reported against 399 in 1925.

The Notifications of Poliomyelitis were 72 in 1926, only 1 last year and 6 in 1924.

Small Pox.

The County was free from Small Pox during the year under review. The special Hospitals are kept in readiness to receive cases at any moment.

The School Medical Inspection Report shows to what extent Vaccination has been performed amongst School Children; and the information given below is taken therefrom:—

"The following is a record of the percentage of children vaccinated in a thousand of each group examined:—

Year.	Entrants.	Intermediates.	Leavers.
1923	6.6	14.0	26.6
1924	18.4	19.7	33.5
1925	5.2	11.7	20.4
*1926	14.7	14.8	17.9

* These figures were taken from the total number of children examined, i.e., 11,227. The probable increase of the percentage in 1924 and 1926 is because epidemics of Small Pox occurred in the years 1920 and 1922, and these children would be vaccinated as babies."

Diphtheria.

The prevalence of this disease was slightly less than last year. Unfortunately, there was an increase in the fatal cases, but still the Death Rate is less than that for England and Wales.

The total number of cases proving fatal was 17 (6 male and 11 female), a rate of 0.06. Last year 14 deaths were reported, showing a rate of 0.05. The Death Rate for the County compares favourably with that for England and Wales, viz., 0.07.

The Death Rates for the past 3 years have been very satisfactory, and have approximated to the lowest on record, the previous best being 0.10 in 1922. The highest was 1.05 in 1894, when there were 218 deaths from Diphtheria.

Of the 17 deaths, 4 occurred in the Urban and 13 in the Rural Districts.

The deaths were reported from: Coalville 1, Loughborough 2, and Wigston Magna 1; and in the Rural Districts: Barrow, Lutterworth, and Market Bosworth 3 each, and Ashby, Blaby, Castle Donington, and Melton Mowbray 1 each.

The Notifications totalled 265, against 285 in 1925.

The cases were distributed as follows:—Urban Districts: Coalville 38, Loughborough 30, Wigston Magna 8, Ashby 7, Hinckley 6, Shepshed 6, Melton Mowbray 5, Ashby Woulds 2, Thurmaston 2, Oadby 1, and Market Harborough 1.—Total 106. Rural Districts: Hinckley 46, Barrow 28, Market Bosworth 24, Ashby 20, Blaby 15, Billesdon 8, Lutterworth 7, Melton Mowbray 5, Castle Donington 4, Belvoir 1, and Hallaton 1.—Total 159.

The returns for the year, therefore, show a slight decrease in the number of cases, a slight increase in the number of deaths, making the percentage fatality rather higher; but as there is a considerable increase in the Registrar General's estimate of the population, the Attack Rate on the population is appreciably lower.

Table No. 5, on page 70, gives the statistics of the disease.

Of the Urban Districts, Coalville has the highest Attack Rate, followed by Loughborough. The incidence at Coalville shows, however, a gratifying decrease during the last 3 years—this year there were 38 notifications, 44 last year, and 74 in 1924.

In the Borough of Loughborough the cases are on the increase, there being 30 this year, as against 23 last year and 17 in 1924. The Attack Rate this year is slightly above that of the whole County.

In the Rural Districts the Hinckley District shows the highest Attack Rate (which is also by far the highest in the County) followed by Barrow, and then Market Bosworth and Ashby.

Of the 46 cases in the Hinckley Rural District, 20 occured at Barwell, 14 at Stoney Stanton, and 11 at Earl Shilton. In 1925 there were 24 cases at Earl Shilton and 12 at Barwell. In 1924 there were 22 cases at Earl Shilton.

Of the 28 cases which were notified in the Barrow Rural District, 10 were at Anstey and 10 at Sileby.

Of the 20 Notifications in the Ashby Rural District, there were 5 at Appleby, 4 each at Blackfordby and Measham, and 3 at Donisthorpe.

In the Market Bosworth District there were 24 Notifications—20 of which occurred at Ibstock.

In all cases where there is a likelihood of an epidemic reaching considerable proportions, the procedure of swabbing the School Children is undertaken as a precautionary measure.

The County Laboratory received during the year 831 swabs, of which 115 proved to be positive; 440 of the swabs were received from Medical Practitioners, and 391 from Isolation Hospitals.

Scarlet Fever.

Four deaths were recorded during the year, one each at Loughborough, Ashby-de-la-Zouch, Melton Mowbray, and Thurmaston.

The Death Rate remains about the same as other years, and is still below that of the rest of the country.

The Notifications totalled 474, which is 130 less than last year, but still considerably above the number for the years 1922-3-4.

The Notifications were chiefly received from :—Urban Districts : Loughborough 84, Coalville 28, Ashby 22, Ashby Woulds 19, Hinckley 16, Melton Mowbray 16, and Wigston 12. Rural Districts : Barrow 80, Ashby-de-la-Zouch 46, Melton Mowbray 34, Market Bosworth 23, Loughborough 20.

In the Barrow Rural District the greatest incidence was at Barrow 39 cases, Woodhouse 11, and Syston 8.

In the Ashby Rural District the greatest incidence was at Donisthorpe and Measham 11 each, and Swannington 8.

In the Melton Mowbray Rural District the greatest incidence was at Sewstern 12 cases, Asfordby and Branstone 6 each.

In the Loughborough Rural District 8 of the cases occurred at Hathern.

Full statistical information is given in the Table No. 6 on page 71.

Enteric Fever.

There were 26 Notifications of Enteric Fever, 25 being in Rural Districts and 1 in the Urban. There were 5 deaths, all in the Rural Districts.

Last year there were 11 cases recorded, of which 3 proved fatal; and in the year 1924 there were 8 notifications and 2 deaths. For the year under review the Death Rate was nearly twice the average for previous years. The case mortality was practically 1 in 5, which is high.

The Rural Districts affected were Market Bosworth 17 cases, Barrow 3, and Blaby and Melton Mowbray 2 each; whilst the case in the Urban Districts occurred at Hinckley.

In the Market Bosworth Rural Districts 16 of the cases occurred at Markfield.

Fifty-three specimens of blood were subjected to the Widal Test, 18 of which gave a positive reaction; 39 specimens of fæces were examined for the typhoid fever bacillus, and of these 5 were positive. Further particulars are given under the heading of "County Laboratory."

Enteric Fever at Markfield.

The District Medical Officer of Health says:—

With the exception of the outbreak of Enteric Fever at Markfield towards the end of July there is nothing that calls for special comment in so far as Infectious Diseases are concerned.

This outbreak, however, in view of its peculiar circumstances, the fact that the disease had been present in the village unrecognised for two-and-a-half months with no preventive measures whatever taken, was one that caused me very considerable anxiety.

The sanitary condition of the village was very far from satisfactory, the housing bad, the water supply exceptionally inadequate, and everything indicated an extensive epidemic.

The first case, that of a man who had been ill since the 7th May, was notified on the 23rd July, when he, his wife, and six children were removed to hospital. Two other children of the same family who had recently gone to reside in the Blaby Rural District, were attacked by the disease at the same time. Between this date and the 25th September, when the last case was notified, nine other cases occurred, in nearly all of whom infection could be traced to the original family.

I consider we were extremely fortunate to escape so lightly, and this escape can only be attributed to early diagnosis of the succeeding cases, prompt removal to hospital, and general thorough preventive measures, in which I received great assistance from the Acting Sanitary Inspector, although he could only devote part of his time to sanitary duties.

The new Sanitary Inspector has not yet had time to carry out the Sanitary Survey of this village, which I assured the Ministry of Health would be made, but I hope this will shortly be done.

Erysipelas.

120 notifications were recorded during the year, which is 32 fewer than last year.

The cases occurred chiefly as follows :—Urban Districts : Hinckley 16, Loughborough 10, Coalville 8, Market Harborough 7. Rural Districts : Barrow 22, Blaby and Market Bosworth 11 each.

Measles.

It is very satisfactory to be able to report this year a considerable decrease in the number of deaths from Measles. The total was 7, being 4 in the Urban Districts and 3 in the Rural. Last year the deaths numbered 39. Epidemics of Measles occur in the County every two years with fair regularity. The death rate for the County this year was 0.025, against 0.09 for Rural England and Wales.

The ages at death were : 2 under 1 year, 2 between 1 and 2 years, and 3 between 2 and 5 years.

Measles is not notifiable in any district.

Whooping Cough.

In the year under review there were 31 deaths from Whooping Cough, as against 45 in 1925 and 15 in 1924. The Death Rate of 0.11 is slightly higher than that of England and Wales (0.10).

The deaths amongst males and females were 14 and 17 respectively. The age distribution was: Under 1 year 17, between 1 and 2 years 6, between 2 and 5 years 6, and only 2 deaths above this age. These figures show clearly how important it is to protect very young infants from infection. Whooping Cough is extremely fatal in the first year of life, and careful nursing and treatment are essential.

In the Urban Districts deaths occurred chiefly at Coalville 7 cases, and Loughborough 6 cases. In the Rural Districts 4 of the deaths occurred in the Market Bosworth, and 2 in the Castle Donington area.

Diarrhœal Diseases.

The deaths from Diarrhœal Diseases show a slight decrease, there being 22 recorded as against 26 last year. For the five years 1922-26, inclusive, the average of 25 deaths may be considered very satisfactory. The actual Death Rate is 4.5, as against 5.3 in 1925. It is very gratifying also to record that in large industrial areas, like Loughborough Borough and Hinckley Urban District, there was only 1 death each; and that at Wigston Magna and Market Harborough, and in the Rural Districts of Hinckley, Lutterworth, and Melton Mowbray no deaths were registered.

Particulars of the incidence of Diarrhœal Diseases will be found in the Table No. 7 on Page 72.

Acute Anterior Poliomyelitis (Infantile Paralysis).

This disease, which has long been known under the name of Infantile Paralysis, became compulsorily notifiable in England in 1912. It generally occurs sporadically, chiefly in the Summer months, but formidable epidemics have been observed from time to time in various parts of the world. Until the present year Leicestershire has enjoyed a comparative immunity, only 15 cases having been notified during the quinquennial period 1921-25. In 1926, however, there have been no less than 72 notifications, and 9 fatal cases were recorded—a Death Rate of 12.5 per cent. This epidemic presents several features of interest, which deserve detailed examination :—

Particulars of age and sex distribution are as follows :—

Age	Males.	Females.
Under 1 year	—	2
1—2 years	2	2
2—3 ,, ...	6	2
3—4 ,, ...	5	2
4—5 ,, ...	3	2
5—6 ,, ...	5	5
6—7 ,, ...	4	5
7—8 ,, ...	2	1
8—9 ,, ...	1	2
9—10 ,, ...	—	2
10—15 ,, ...	7	2
15—20 ,, ...	1	3
20—25 ,, ...	2	2
Over 25 ,, ...	1	1
	—	—
Totals ...	39	33 = 72
	—	—

It will be observed that there is a slight preponderance of males affected, and that the age distribution follows the curve which usually obtains in the infectious diseases of childhood; that is, a relative immunity in infancy gradually decreasing up to school age; a period of minimum resistance between 5 and 8 years, followed by a gradual increase of resistance up to adult life.

As an actual fact 22, or nearly one-third of the cases occurred between the ages of 5 and 8. It is interesting to note that only 10 cases occurred in persons over 15 years of age, and that 53 (73%) of the cases are reported in children under 10.

The period of greatest prevalence was in the months of September and October.

As regards area distribution the epidemic was characteristically widespread. The path of infection did not follow the main lines of communication by road or rail, and the Rural Districts, as the following figures show, suffered more heavily than the Urban :—

Area Distribution of Epidemic.

DISTRICTS.

URBAN.	No. of Cases.	RURAL.	No. of Cases.
Loughborough	7	Barrow	17
Hinckley	4	Billesdon	12
Market Harborough ...	2	Hinckley	11
Wigston	2	Melton Mowbray	4
Melton Mowbray	1	Hallaton	3
Thurmaston	1	Ashby	2
Ashby	—	Blaby	2
Coalville	—	Lutterworth	2
Shepshed	—	Market Harborough ...	2
Total Urban	17	Total Rural	55

A noteworthy feature of the distribution is the relative immunity of the coal-mining districts of the Western part of the County.

Acute Poliomyelitis is a specific infectious disease which tends to attack the central nervous system, and may give rise to paralysis. It affects chiefly young children, and so its age distribution is quite distinct from that of Epidemic Encephalitis and Cerebro-Spinal Fever, but corresponds more or less closely to that of the common infections of childhood. It selects sparsely populated areas, in which acquired immunity is low, rather than populous areas, where the threshold of resistance to common infections is relatively high.

It is believed that the infecting virus is exceedingly minute, and that infection is spread largely by discharges from nose and throat. There is no evidence in favour of intermediate infection by means of water or milk, but as usual human carriers have been considered responsible for the spread of the disease.

On the other hand the available evidence obtained from this and other epidemics suggests that the disease is widely distributed in a mild form during epidemic prevalence, seriously affecting only those whose

natural resistance is low, and those who have not had an opportunity of acquiring resistance. The mild form of the disease probably passes unrecognised, as the only symptoms are a febrile attack with some nasopharyngeal catarrh and perhaps a little muscular stiffness, especially of the muscles of the neck and back, passing off in a few days without the onset of paralysis. It is not improbable that subliminal infection of this kind is the explanation of the anomalous distribution of this disease.

Polioencephalitis.

Two cases of this disease were notified, one at Loughborough and one in the Blaby Rural District; one death was recorded at Loughborough and one at Hinckley. This disease is probably due to the same infective agent as Poliomyelitis, the only difference being in the anatomical seat of the lesion.

Encephalitis Lethargica.

There was a welcome decrease in the notifications of this disease during the year, the total being 17—5 from the Urban and 12 from the Rural Districts—against 28 last year and 29 in 1924.

Eleven deaths occurred, one at Loughborough and the other 10 in the Rural Districts, viz., Market Bosworth 3, Ashby and Hinckley 2 each, and Barrow, Blaby and Melton Mowbray 1 each.

Cerebro-Spinal Fever.

Two cases were notified, one at Coalville and the other at Earl Shilton in the Hinckley Rural District.

Three deaths were reported, one each at Coalville and in the Castle Donington and Lutterworth Rural Districts.

In connection with the two cases notified, 8 throat swabs were examined with a view to ascertaining and eliminating any possible carriers of the disease.

Only one specimen of Cerebro-Spinal fluid, from Melton Mowbray, was examined for the presence of Meningococci and was negative.

I visited one suspected case at Barrow-on-Soar. The case was diagnosed not to be Cerebro-Spinal Fever, and a lumbar puncture was not deemed advisable.

Ophthalmia Neonatoram.

Under the Public Health (Ophthalmia Neonatorum) Regulations of July, 1926 (*a*) the notification of this disease under the 1914 Regulations was revoked, and (*b*) every Medical Practitioner is now required to

notify cases to the Medical Officer of Health of the district, and (*c*) the latter is required to forward a copy of every notification to the Medical Officer of Health of the Administrative County within 24 hours.

The Local Authority is required to inform the Medical Practitioners of these Regulations.

The Local Supervising Authority, under the Midwives Acts, is recommended (in Circular 617a) to send an intimation of the Regulations to every practising Midwife, and also to remind her of her obligation to call in Medical help to every case, however slight, of inflammation of, or discharge from the eyes of an infant. The arrangements (Circular 617a) made by the Maternity and Child Welfare Authorities, should provide for the supervision of all cases in which inflammation of, or discharge from, the eyes is reported, and of all notified cases of Ophthalmia Neonatorum, and should include the provision of domiciliary nursing and treatment, or of institutional treatment (preferably with the mother) as and when required.

Twenty-one cases of Ophthalmia Neonatorum were notified during the year: 22 in 1925, 25 in 1924, 22 in 1923, and 26 in 1922. Eight of the cases were reported from the Urban Districts, viz. : Ashby-de-la-Zouch 3, Hinckley 2, and Coalville, Loughborough, and Thurmaston 1 each; 13 from the Rural Listricts, viz. : 4 from Barrow, 2 each from Ashby, Lutterworth, Market Bosworth, and 1 each from Blaby, Castle Donington, and Market Harborough.

Immediately a case of this disease is notified the Health Visitor is informed, visits, and makes a special report.

Ophthalmia Neonatorum	Cases.			Vision Un-impaired	Vision Impaired	Total Blindness	Deaths
	Notified	Treated					
		At Home	In Hospital				
—	21	18	3	19	2	—	—

The Midwives in the County are supplied with Collosol Argentum free of charge by the County Council.

Malaria and Dysentery.

Two cases of Malaria occurred at Hinckley and one at Blackfordby in the Ashby Rural District. No cases of Dysentery were notified.

Influenza.

There is again a decrease in the number of deaths from this disease, viz., 59 as against 121 last year and 143 in 1924.

Twenty deaths occurred in the Urban and 39 in the Rural Districts. The deaths were nearly equally divided between male and female (M. 27, F. 32).

Puerperal Fever and Puerperal Pyrexia.

Puerperal Fever is a notifiable disease under the Infectious Disease (Notification) Extension Act of 1899. The Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations of July, 1926, may be summarised as follows :—

(*a*) The District Medical Officer of Health is required to forward a copy of every notification to the Medical Officer of Health of the Administrative County within 24 hours.

(*b*) The term Puerperal Pyrexia is defined.

(*c*) Every Medical Practitioner is required to notify every case on which he is in professional attendance, to the District Medical Officer of Health.

Circular 722 says, "Maternity and Child Welfare Authorities are empowered, with the sanction of the Minister, to make provision for the special treatment of women suffering from Puerperal Pyrexia, for consultation with an Obstetric Specialist, for skilled nursing, or for Institutional treatment, and it is important that these Authorities and their Medical Officers of Health should do all that is possible to meet the request of Medical Practitioners for special assistance for women suffering from Puerperal Pyrexia which is, or is likely to be, serious in character, in order that maternal mortality and morbibity from this cause may be so far as possible prevented."

In 1926, seven notifications were received and 5 deaths occurred : there were 10 notifications and 8 deaths last year, and 4 notifications with 3 deaths in 1924.

This year's notifications were distributed as follows :—Ashby, Hinckley, Loughborough, and Melton Mowbray Urban Districts 1 each. In the Rural Districts : Barrow 2 and Loughborough 1.

There were 3 notifications of Puerperal Pyrexia—1 each in the Barrow, Blaby, and Hinckley Rural Districts.

During the year arrangements were made for the provision of Anti-streptococcal serum free of cost to Medical Practitioners who report a case of Puerperal Fever at once to the County Medical Officer and furnish a certificate that the serum is required for a necessitous case. On being satisfied that the case is necessitous and that the cost cannot be recovered from the husband or person liable, the County Council pays the cost. Arrangements have been made for serum to be obtained from General Hospital, Loughborough, and from Mr. F. W. Goodess, of Leicester. In connection with the scheme payment was made for serum supplied to two cases, and was refused in one instance. The amount expended was £2. 6s. 3d.

County Laboratory.

The following is a summary of the investigations carried out during the year :—

	Positive.	Negative.	Total.
Sputa for Tubercle Bacilli	327	903	1230
Throat Swabs for Diphtheria	115	716	831
Milk Examinations (Bacteriological)	—	—	730
Hair for Ringworm	116	104	220
Sewage and Water Analyses	—	—	136
Wassermann Tests (Collection of Blood only)	31	91	122
Urine (General and Bacteriological)	—	—	78
Films for Gonococci	43	34	77
Widal Tests for Typhoid Fever	18	35	53
Fæces for Bacillus Typhosus	5	34	39
Urine for Tubercle Bacilli	7	19	26
Differential Blood Counts	—	—	15
Throat Swabs for Meningococci	0	8	8
Cerebro-Spinal Fluid (General and Bacteriological)	—	—	6
Pus for Organisms	—	—	5
Water (Bacteriological)	—	—	4
Pus for Tubercle Bacilli	1	2	3
Tissue for Tubercle Bacilli	2	0	2
Pleuritic Fluid for Tubercle Bacilli	0	2	2
Throat Swabs for Vincent's Angina	0	2	2
Cerebro-Spinal Fluid for Meningococci ...	0	1	1
Serum for S. Pallida	0	1	1
Miscellaneous	—	—	9
			3,600

The total number of examinations still shows an increase, and the following figures show the actual numbers each year since the Laboratory opened.

1920	1921	1922	1923	1924	1925	1926
2449	2379	2531	2774	3170	3561	3600

Total for seven years—20,482.

The following table shows the increases or decreases in the yearly numbers of the main examinations:—

	1920	1921	1922	1923	1924	1925	1926	Total
Sputa for T.B.	645	611	625	974	1006	1078	1230	6169
Throat Swabs for Diphtheria	971	983	1093	716	997	916	831	6507
Milk Examinations ...	1	3	36	71	266	695	730	1802
Hair for Ringworm	88	136	209	367	326	206	220	1552
Urine (General & Bacteriological)	55	107	110	116	127	97	78	691
Sewage and Water Analyses	106	127	91	252	153	255	136	1120

The number of specimens of sputum examined has practically doubled, and there is, I understand from the Tuberculosis Medical Officers, every indication of the number increasing still more; I am assured by them that these examinations are of untold value as regards diagnosis and prognosis.

Diphtheria.

Throat swabs show a decrease, and this is due to the fact that in the years 1926 and 1925 no epidemics of Diphtheria occurred among School Children which necessitated wholesale "swabbings" to eliminate "carriers" of the disease. These "swabbings" are summarised below:

	Number of Swabs taken.	Positive.	Percentage of "Carriers."
1920	503	37	7.3
1921	376	20	5.2
1922	189	7	3.7
1923	224	14	5.3
1924	158	20	12.6
1925	—	—	—
1926	—	—	—

The following figures showing the number of cases of Diphtheria notified during the seven years under review are of exceptional interest when taken in conjunction with the above table :—

	1920	1921	1922	1923	1924	1925	1926
Cases notified ...	465	404	311	267	315	285	265

The throat swabs were received from the following sources :—

Blaby Isolation Hospital	239
Hinckley ,, ,, ...	133
Melton ,, ,, ...	19
	391

The remaining 440 were received from General Practitioners in the County, and were for diagnostic purposes.

Tuberculosis.

The total number of specimens of sputum examined was 1,230, of which 327 showed tubercle bacilli.

The specimens were received as follows :—

Tuberculosis Medical Officers.	General Practitioners.	Ministry of Pensions (D.C.M.S.)
614	592	24

The increase of 152 over last year's total is made up by those from the T.B.M.O.'s (90) and General Practitioners (65), the Ministry of Pensions sending 3 less than in 1925. In addition to these sputa, 26 specimens of urine were received from the Tuberculosis Medical Officers for examination, and were from cases where Tuberculosis of the urinary tract was suspected. The tubercle bacillus was present in seven of these specimens. These examinations of urine have proved invaluable to the Tuberculosis Medical Officers.

Milk Examinations.

Here also an increase has occurred in the number of specimens examined. In 1925, 695 were received, and in 1926, 730. The following figures show how the number 730 was made up :—

From 9 Urban Districts	349
,, 7 Rural Districts	312
,, Grade "A" Producers	59
For Tubercle Bacilli	10
	730

The specimens for tubercle bacilli were sent to the Derby County Laboratory and Birmingham University for guinea-pig inoculation as this cannot be performed in our own laboratory owing to the fact that a Home Office Licence for Vivisection is required, and that facilities for keeping animals are not available. Eight were reported negative and two positive.

Brief Summary of the Results.

As in 1925 the results were classified according to the number of micro-organisms in one cubic centimetre, and the presence or absence of the Bacillus Coli in various quanties, namely, 1/10th, 1/100th, and 1/1000th part of a cubic centimetre. On these findings they were called "Good" "Fair" "Moderate" or "Bad." The numbers which came into these four classes were as follows :—

	"Good"	"Fair"	"Moderate"	"Bad"	Total
Urban Districts.....	162	70	12	105	349
Rural Districts	147	55	15	95	312
Total	309	125	27	200	661
Percentage	46.7	18.9	4.1	30.3	

During the two years 1925 and 1926, 1,425 samples have been examined, of which 1,250 were from Urban and Rural Districts (the remainder being chiefly from "Grade A" Producers) and the following figures are the combined results of the quantity of the milk sold in these Districts :

	"Good"	"Fair"	"Moderate"	"Bad"	Total
Two Years	629	237	41	343	1250
	50.3	19.0	3.3	27.4	

Of the 629 "Good" samples 505 were within the standard for Grade "A" milk. This means that, as altogether 1,250 specimens were examined in the two years 40.4 per cent. of the milk investigated was up to the "Grade A" standard. This is really remarkable, but of course cannot be compared with other counties, as no information of the same kind is yet available from them.

The standard for "Grade A" milk is that it must not contain more than 200,000 micro-organisms per cubic centimetre, and Bacillus Coli is allowed only in 1/10th of a cubic centimetre—a cubic centimetre is approximately one-third of a teaspoonful—but not in smaller quantities.

A fuller report on the milk examinations is given in the "Medical Officer" of 21st May, 1927, and reprints of this article are available for those interested. A similar report was published on the results of the examinations carried out in 1925.

Sewage and Water Analyses.

During the year 136 samples of drinking water, sewage effluents, and river water were examined. In July and September, as in 1925, samples were taken from the River Soar at various points for the Ministry of Agriculture and Fisheries, in connection with the Survey of the Trent Watershed.

Ringworm.

Specimens of hair from suspected and confirmed cases of Ringworm show a slight increase in 1925, 220 against 206. These were nearly all received from the School Medical Officers and School Nurses, and the majority of them were taken at the School Clinics.

Venereal Diseases.

The examinations of specimens from Venereal sources are as follows :—

	Positive.	Negative.	Total.
Blood for Wassermann Tests	31	91	122
Films for Gonococci	43	34	77
Serum for S. Pallida	0	1	1

These specimens were received from the following sources :—

	Blood for Wassermann Reaction (Collection of samples only).	Films for Gonococci.	Serum for S. Pallida.
Loughborough V.D. Clinic.....	30	39	1
General Practitioners.....	92	38	0

(The actual examination of blood specimens for the Wassermann reaction is carried out at the Leicester Royal Infirmary).

Cerebro-Spinal Fever.

Only one specimen of cerebro-spinal fluid was examined for the presence of meningococci during the year and was negative. This case was at Melton and was diagnoised as meningitis, probably tubercular. One other suspected case occurred at Barrow-on-Soar, and was visited, but lumbar puncture was not deemed advisable. This case also was not cerebro-spinal fever, but tubercular meningitis.

Two cases of cerebro-spinal fever were notified during the year, and in connection with these 8 throat swabs were examined with a view to ascertaining and eliminating any possible carriers of the disease.

Enteric Fever.

Fifty-three specimens of blood were subjected to the Widal Tests, 18 of which gave a positive reaction; 39 specimens of fæces were examined for the presence of the bacillus of Typhoid Fever; of these 5 were positive. One specimen of urine was examined but was negative.

The number of investigations is no indication of the actual prevalence of Typhoid Fever, as several specimens were sent from the same patient, and at least 3 examinations of fæces were made before a patient was discharged from an Isolation Hospital.

Urine Analysis.

A routine chemical examination was made of 78 specimens of urine.

The Laboratory has now become firmly established as an essential part of the health services of the County. The steady increase year by year in the number and variety of specimens examined, is a sure index of its usefulness to the community and of the reliance placed upon it by the Medical Practitioners. Indeed, the many letters of appreciation received from the latter have given me great encouragement to proceed with the work and extend its scope as circumstances demand.

TUBERCULOSIS.

Prevalence of Tuberculosis.

There is a decrease of 44 in the number of Pulmonary Tuberculosis notifications, whilst the number of deaths is 21 less than recorded in the previous year.

The figures for 1926 are :—Notifications 348, Deaths 196, Death Rate 0.70, whilst the averages for the previous 5 years are 349, 210 and 0.77 respectively.

It should be noted that the Death Rate of 0.70 is the lowest ever recorded in this County, if we exclude the year 1920 (0.62), which was in other ways exceptional.

There were 89 cases of Surgical Tuberculosis, as against 97 in 1925. The number of deaths was 52 as against 57, and the Death Rate 0.19 as against 0.21.

In the Loughborough and Coalville Urban Districts and Barrow-on-Soar Rural District, the numbers of notifications are considerably fewer; Market Harborough and Melton Mowbray Urban Districts show a small increase, and the other Districts show only slight variations.

(1) *Details of Scheme of Treatment.*

The number of beds provided at the different Institutions will be seen on page 59. The six extra temporary beds at Mowsley Sanatorium have been retained during the whole year, making the beds available 62 (9 Surgical).

There has been great pressure on the accommodation provided for every class of case; in consequence, on repeated occasions, extra beds have had to be taken outside the County. (Average number outside County occupied, 36).

The six-bedded block for advanced Pulmonary cases at the Melton Mowbray Isolation Hospital was completed in June, and has been fully utilized ever since. The urgency for the provision of beds for the Hospital cases cannot be exaggerated, as segregation is obviously essential in stamping out the disease.

Proposed Alterations to Scheme.

Subject to the approval of the Ministry of Health, the property, "Ashmount," in Bridge Street, Loughborough, is to be purchased, and the lower rooms altered for the purpose of the Out-Patient Dispensary, when the present lease of the premises expires.

The first floor of the new property may be let as a self-contained flat, and will be available for any further developments of the scheme.

Proposed New Sanatorium, Markfield.

The scheme for an Institution comprising 126 beds, and estimated to cost £58,469, to be built in conjunction with an Isolation Hospital on this site, has made no progress.

The fact that more and more patients are being sent out of the County for treatment, together with the very considerable work this entails, makes the necessity for the new Sanatorium very urgent. One central Institution would be an immense boon both to patients and to staff from the economic, administrative, and medical points of view.

(2) *Out-Patients Dispensary Work.—See Table T.B.* 1, *Page* .
During the year the Tuberculosis Medical Officers have paid 618 visits to patients' homes, as against 508 in 1925, and particulars of "Contacts" examined will be seen in the above table.

The Health Visitors made 4,125 visits to notified cases, as against 4,495 in the previous year.

Out-Patient Dispensary Sessions are as follows :—

Coalville, Bakewell Street.—Friday at 10 a.m.
Hinckley, Manor House, Bond Street.—Monday at 10 a.m.
Melton Mowbray, 5a, Nottingham Street.—Tuesday at 10 a.m.
Loughborough, Frederick Street.—Thursday at 10 a.m.
Leicester, 17, Friar Lane.—Wednesday at 10 a.m.
,, ,, Pensioners, Tuesday at 10 a.m.

The work in this direction has increased, and this increase is mainly accounted for by memorandum 37T. issued by the Ministry of Health, which came into operation on January 1st, 1926. Table 1 on Page 57 shows details of the work.

CHANGES IN THE CLASSIFICATION OF CASES OF TUBERCULOSIS.

The following statement shows the new classification of cases in accordance with Memorandum 37/T.

(*a*) Patients suffering from Pulmonary Tuberculosis to be divided into :—

Class T.B. Minus, viz., cases in which tubercle bacilli have never been demonstrated in the sputum; and

Class T.B. Plus, viz., cases in which tubercle bacilli have at any time been found.

It should be noted that a patient originally in Class T.B. Minus must be transferred to Class T.B. Plus at any stage in the course of treatment if and when tubercle bacilli are found; while on the other hand a patient who is once placed in Class T.B. Plus can never revert to Class T.B. Minus. Class T.B. Plus should be further subdivided into three groups as follows :—

Group 1.—Cases with slight constitutional disturbance, if any; *e.g.*, there should not be marked acceleration of pulse nor elevation of temperature except of very transient duration; gastro-intestinal disturbance or emaciation, if present, should not be excessive.

The obvious physical signs should be of very limited extent, as follows : either present in one lobe only, and in the case of an apical lesion of one upper lobe not extending below the second rib in front or not exceeding an equivalent area in any one lobe; or where these physical signs are present in more than one lobe, should be limited to the apices of the upper lobes, and should not extend below the clavicle and the spine of the scapula.

No complication (tuberculous or other) of prognostic gravity should be present. A small area of dry pleurisy should not exclude a case from this group.

Group 3.—Cases with profound systemic disturbance or constitutional deterioration, with marked impairment of function, either local or general, and with little or no prospect of recovery.

All cases with grave complications, whether tuberculous or not, should be classified in this group, *e.g.*, diabetes, tuberculosis of larynx or intestine, etc.

Group 2.—All cases which cannot be placed in Groups 1 and 3 :

(*b*) Patients suffering from non-pulmonary tuberculosis to be classified according to the site of the lesion as follows :—

(1) Tuberculosis of bones and joints.

(2) Abdominal tuberculosis (*i.e.*, tuberculosis of peritoneum, intestines or mesenteric glands).

(3) Tuberculosis of other organs.

(4) Tuberculosis of peripheral glands.

Patients suffering from multiple lesions should be classified in one sub-group only, viz., in that applicable to the case which stands highest in the above table.

All patients will be grouped according to their sex and age; patients under 15 years of age will be classed as children, and those of 15 years and upwards as adults.

The Ministry require three tables to be furnished to them annually, and complicated registers and records have had to be kept. The following statement shows briefly information they contain :—

Table I.—An intricate return showing the work of the Dispensaries in regard to (*a*) examination and diagnosis of new cases and contacts, according to sex, age, and severity of disease; (*b*) special treatment

(*e.g.*, light and orthopædic attention) afforded to patients; (*c*) changes in the register of tuberculous persons; (*d*) bacteriological examinations, X-ray work, and (*e*) numerous other phases of Tuberculosis Officers' and Health Visitors' work; (*f*) disposal of every case that attended, *i.e.*, Cured—Died—Lost sight of—Transferred, etc.

Table II.—Shows (*a*) the average number of beds available for patients during the year, divided into several types of institution (*e.g.*, Sanatorium, Pulmonary Hospital, General and Special Hospital), distinguishing the accommodation available for adult males, adult females, and children; and (*b*) the number of patients admitted to, discharged from, and dying in, Institutions during the year, divided according to age and sex.

(This return will not be included in my report, as much of the information is contained in Table T.B. 2 on Page 59).

Table III.—A return showing the immediate results of treatment of patients and observation of "doubtful" cases discharged from residential institutions during the year, divided according to age, sex, classification of disease and period of treatment. (Table T.B. 3, page 61).

(3) *Domiciliary Work.*

(*a*) Shelters.—The number of Shelters available for loan to patients has been increased to 62 at the close of the year. Eight are in temporary use at Mowsley Sanatorium and 47 are in use at patients' homes. The call for Shelters during the Summer is, of course, greater than during the Winter months. The inspection of the Shelters is still satisfactorily carried out by the County Nursing Association.

(*b*) Nursing of Advanced Cases.—This work, as heretofore, has been done by the County Nursing Association, and 2,443 Nursing Visits were made to 39 patients, of which number 24 died.

(*c*) Extra Nourishment.—Approximately £43 has been expended on 13 patients. The grants were 5/- per week for milk and eggs.

(4) *Surgical Tuberculosis.*

At the end of the year there were 19 beds available for cases of a convalescent type, at Hinckley Residential Dispensary and Mowsley Sanatorium, and in addition a few cases have been sent to Institutions outside the County. Great difficulty is experienced in dealing with this class of case owing to the limited accommodation available. Negotiations are in progress for acquiring 10 beds at the Manfield Orthopædic Hospital at Northampton, and of these, 4 at least will be devoted to Tubercular cases.

It is essential that proper accommodation should be provided for these cases, the more so as the results of treatment are so highly satisfactory.

(5) *Alterations in the Staff.*

Dr. H. Carpenter, the Assistant Tuberculosis Medical Officer left on June 30th, and Dr. G. G. Buchanan was appointed to the vacancy.

(6). *Public Health (Prevention of Tuberculosis) Regulations*, 1925.

These regulations give power to Authorities to exclude Tuberculous persons from employment in the milk trade. During the year no action was taken. The Committee decided to leave the administration in the hands of the District Councils.

(7) *Public Health Act*, 1925, *Section* 62.

No action has been taken under this section, which deals with the compulsory removal to Hospital of advanced cases of Tuberculosis.

Actino Therapy.

Considerable advances have been made, during recent years, in the use of ultra-violet rays as a therapeutic measure. On the one hand, the possibilities of natural sunlight as a means of treatment have been greatly increased by the employment in Schools, Hospitals, Factories, and the like, of window-glass pervious to the rays of the ultra-violet region of the spectrum. On the other hand, the uncertain condition of our Midland atmosphere set limits to the value of natural sunlight, and it becomes necessary to substitute for it some means of producing ultra-violet radiations artificially.

Treatment by ultra-violet irradiations appears to be of special value in nutritional diseases, such as Rickets; in certain skin diseases and surface injuries, and in non-pulmonary Tuberculosis.

In the County area the only apparatus of this kind at present in use is a "K.B.B. Sun" Lamp installed at Mowsley Sanatorium. Dr. Buchanan, the Medical Officer in charge of this branch of treatment, reports as follows upon the work of the year.—

"Both pulmonary and surgical cases have received irradiations: from the former, advanced types and those liable to hæmorrhage, have been excluded.

Surgical cases have all responded well, and general irradiation has been found of more value than purely local treatment. No untoward

symptoms have occurred as a result of the exposures, but occasionally patients have complained of transient sickness. In such cases treatment has been discontinued.

There has been some difficulty in moving adult surgical cases, who are fitted with splints and other apparatus, to the lamp room. The provision of a trolley for this purpose would be of great service.

Thirty-three patients on an average are regularly treated. The routine exposure is at a distance of three feet, for periods from three minutes at the beginning to a fifteen minutes' maximum; the distance from the lamp and the length of the exposure are varied according to the tolerance of the patient.

The total number of patients dealt with is slightly lower than last year, partly on account of the type of case admitted to the Sanatorium, and partly because the Ministry of Health recommend a more restricted system of selection.

I am of opinion that this form of treatment has been of great benefit to the cases selected, and I hope to extend its sphere of usefulness as opportunity arises."

...ses of Death at Different Periods of Life in the Administrative County of Leicester, 1955

CAUSES OF DEATH	WHOLE COUNTY																AGGREGATES								
	0—		1—		5—		15—		25—		45—		65—		75—		Urban Districts			Rural Districts			Whole County		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total	M.	F.	Total	M.	F.	Total
1. Tuberculosis, respiratory	–	–	–	–	–	–	–	–	5	4	13	4	7	1	1	1	15	5	20	11	5	16	26	10	36
2. Tuberculosis, other	–	–	–	1	–	–	–	–	2	2	2	2	–	1	–	–	1	3	4	3	3	6	4	6	10
3. Syphilitic disease	–	–	–	–	–	–	–	–	–	–	1	–	2	–	–	–	1	–	1	2	–	2	3	–	3
4. Diphtheria	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
5. Whooping cough	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
6. Meningococcal infections	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
7. Acute poliomyelitis	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	1	1	–	1	1
8. Measles	–	–	1	2	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	–	1	1	1	2	3
9. Other infective and parasitic diseases	–	–	1	1	–	–	–	–	–	1	2	2	2	3	–	1	2	5	7	3	3	6	5	8	13
10. Malignant neoplasm, stomach ..	–	–	–	–	–	–	–	–	2	1	18	12	19	12	16	18	31	18	49	24	25	49	55	43	98
11. Malignant neoplasm, lung, bronchus	–	–	–	–	–	–	–	–	3	–	51	10	33	1	4	1	45	4	49	46	8	54	91	12	103
12. Malignant neoplasm, breast ..	–	–	–	–	–	–	–	–	–	7	–	30	–	16	–	8	–	26	26	–	35	35	–	61	61
13. Malignant neoplasm, uterus ..	–	–	–	–	–	–	–	–	–	3	–	8	–	4	–	4	–	10	10	–	9	9	–	19	19
14. Other malignant & lymphatic neoplasms	1	–	–	1	1	–	3	2	9	5	59	49	42	44	57	40	81	65	146	91	76	167	172	141	313
15. Leukæmia, aleukæmia	–	–	–	2	1	–	1	–	1	–	5	4	3	1	–	–	6	1	7	6	7	13	12	8	20
16. Diabetes	–	–	–	–	–	–	–	–	1	–	–	5	3	3	3	9	2	7	9	5	10	15	7	17	24
17. Vascular lesions of nervous system ..	–	–	–	–	–	–	2	–	6	3	55	52	63	92	128	174	125	151	276	129	170	299	254	321	575
18. Coronary disease, angina	–	–	–	–	–	–	–	–	5	–	102	25	105	59	112	94	144	78	222	157	100	257	301	178	479
19. Hypertension with heart disease ..	–	–	–	–	–	–	–	–	2	–	7	6	13	22	19	26	22	19	41	19	35	54	41	54	95
20. Other heart disease	–	–	–	–	–	–	–	–	4	11	34	35	59	72	173	280	121	155	276	169	243	412	290	398	688
21. Other circulatory disease	1	–	–	–	–	–	–	–	2	4	17	13	25	27	54	59	46	50	96	53	51	104	99	101	200
22. Influenza	1	–	1	–	–	–	1	1	1	1	7	2	4	3	12	11	12	12	24	15	6	21	27	18	45
23. Pneumonia	11	6	1	1	1	–	–	–	1	1	9	6	17	8	26	42	42	39	81	24	25	49	66	64	130
24. Bronchitis	3	2	–	–	–	–	–	–	–	–	33	6	40	12	27	31	42	22	64	63	29	92	105	51	156
25. Other diseases of respiratory system..	1	1	–	–	1	–	–	–	1	1	11	5	4	1	6	6	10	7	17	14	7	21	24	14	38
26. Ulcer of stomach and duodenum ..	–	–	–	–	–	–	–	–	–	2	12	2	11	2	8	5	16	7	23	15	4	19	31	11	42
27. Gastritis, enteritis and diarrhœa ..	1	2	1	–	–	–	–	–	–	1	2	–	–	1	2	2	2	4	6	4	2	6	6	6	12
28. Nephritis and nephrosis	–	1	–	–	3	–	1	1	3	2	12	7	7	5	3	7	11	12	23	18	11	29	29	23	52
29. Hyperplasia of prostate	–	–	–	–	–	–	–	–	–	–	2	–	5	–	21	–	18	–	18	10	–	10	28	–	28
30. Pregnancy, childbirth, abortion ..	–	–	–	–	–	–	–	–	–	3	–	–	–	–	–	–	–	–	–	–	3	3	–	3	3
31. Congenital malformations	9	11	3	–	3	–	1	–	–	–	3	1	1	–	–	–	12	6	18	7	7	14	19	13	32
32. Other defined and ill-defined diseases	32	34	1	1	2	–	5	2	9	12	29	21	37	29	64	75	80	89	169	99	85	184	179	174	353
33. Motor vehicle accidents	–	–	1	–	6	–	8	–	8	–	11	3	5	1	1	–	17	–	17	23	4	27	40	4	44
34. All other accidents	1	1	3	–	3	1	3	–	8	–	9	5	3	5	7	29	17	15	32	20	26	46	37	41	78
35. Suicide..	–	–	–	–	–	–	2	–	7	2	11	11	6	3	2	–	12	6	18	16	10	26	28	16	44
36. Homicide and operations of war ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
TOTALS	61	58	13	9	21	1	27	6	80	66	517	327	516	428	746	923	934	817	1,751	1,046	1,001	2,047	1,980	1,818	3,798

Causes of Death in Administrative Areas, 1955

CAUSES OF DEATH	Ashby-de-la-Zouch U.D.		Ashby Woulds U.D.		Coalville U.D.		Hinckley U.D.		Loughborough M.B.		Market Harborough U.D.		Melton Mowbray U.D.		Oadby U.D.		Shepshed U.D.		Wigston U.D.		Ashby-de-la-Zouch R.D.		Barrow-upon-Soar R.D.		Billesdon R.D.		Blaby R.D.		Castle Donington R.D.		Lutterworth R.D.		Market Bosworth R.D.		Market Harborough R.D.		Melton & Belvoir R.D.		Totals U.D.'s		Totals R.D.'s		Totals Whole County
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
All causes	50	37	23	9	160	104	211	183	208	206	71	66	75	60	38	47	27	40	71	65	85	74	226	224	41	41	274	241	52	41	74	77	132	133	68	60	94	110	934	817	1,046	1,001	3,798
1. Tuberculosis, respiratory	–	–	–	–	2	–	2	3	5	1	–	1	–	–	3	–	–	–	3	–	–	–	8	1	–	–	1	–	–	–	–	2	–	1	2	–	–	1	15	5	11	5	36
2. Tuberculosis, other	–	–	–	–	–	–	1	1	–	1	–	–	–	1	–	–	–	–	–	–	–	–	1	–	–	2	1	1	1	–	–	–	–	–	–	–	–	1	3	3	3	10
3. Syphilitic disease	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	1	–	2	–	3
4. Diphtheria	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
5. Whooping cough	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
6. Meningococcal infections	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
7. Acute poliomyelitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–
8. Measles	–	–	–	–	–	–	–	1	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	1	1	–	1	1
9. Other infective and parasitic diseases	–	–	1	–	1	1	–	1	–	1	–	1	–	–	–	–	–	–	–	1	1	1	1	–	–	1	2	–	–	–	–	–	–	–	–	–	–	1	1	–	1	3
10. Malignant neoplasm, stomach	–	1	1	1	7	4	8	3	4	3	3	–	6	2	1	1	1	1	–	2	3	3	7	9	–	–	6	5	–	1	5	–	1	4	1	–	1	3	2	5	3	3	13
11. Malignant neoplasm, lung, bronchus	–	1	2	–	6	–	14	1	12	–	3	–	3	–	2	1	–	1	3	–	3	–	12	–	–	1	13	2	2	1	4	1	9	3	1	–	2	–	45	4	46	8	103
12. Malignant neoplasm, breast	–	2	–	–	–	2	–	8	–	8	–	2	–	–	–	2	–	2	–	–	–	2	–	7	–	4	–	7	–	2	–	–	–	4	–	4	–	5	–	26	–	35	61
13. Malignant neoplasm, uterus	–	–	–	–	–	3	–	2	–	2	–	1	–	1	–	1	–	–	–	–	–	1	–	1	–	–	–	3	–	–	–	–	–	2	–	1	–	1	–	10	–	9	19
14. Other malignant and lymphatic neoplasms	3	3	1	–	19	8	21	16	13	13	5	8	7	4	2	–	2	5	8	8	6	6	21	20	4	2	19	17	6	4	9	6	11	6	8	4	8	11	81	65	91	76	313
15. Leukæmia, aleukæmia	1	–	–	–	–	–	1	–	2	–	–	–	2	–	–	–	–	–	1	–	1	–	2	2	–	1	2	–	–	–	–	2	–	–	–	1	1	1	6	1	6	7	20
16. Diabetes	–	–	–	–	1	1	–	2	–	2	1	1	–	–	–	–	–	–	1	–	1	–	1	1	–	–	3	4	–	1	–	–	–	2	–	1	–	1	2	7	6	10	24
17. Vascular lesions of nervous system	7	2	3	2	22	21	31	43	38	38	4	13	7	9	6	7	2	6	6	10	17	17	23	38	4	8	36	34	8	7	6	11	13	27	11	9	11	19	125	151	129	170	575
18. Coronary disease, angina	9	1	5	2	21	9	36	12	25	26	13	3	9	8	9	5	2	4	16	8	14	7	43	25	6	6	34	22	6	2	12	8	17	17	8	3	19	10	144	78	157	100	479
19. Hypertension with heart disease	–	2	2	–	4	5	7	8	3	2	3	–	–	–	1	–	1	1	1	1	2	3	8	14	1	1	3	6	–	–	–	4	1	4	3	1	1	2	22	19	19	36	95
20. Other heart disease	13	12	2	1	20	14	16	22	27	43	9	9	16	11	5	16	4	12	9	15	9	17	24	56	3	7	67	77	8	4	12	24	23	17	4	14	19	27	121	155	169	243	688
21. Other circulatory disease	–	1	1	–	9	4	5	15	12	15	9	3	3	6	1	–	2	3	4	4	1	4	11	5	2	3	14	11	2	3	3	1	10	10	4	2	6	12	46	50	63	51	200
22. Influenza	–	1	–	–	3	–	–	1	2	4	3	3	–	–	1	2	1	1	2	–	1	–	3	3	1	1	1	1	2	–	–	–	4	–	3	1	–	–	12	12	16	6	45
23. Pneumonia	2	3	–	1	6	3	9	6	13	15	3	2	2	3	1	3	2	–	4	4	2	–	1	6	1	–	9	9	–	2	2	4	4	2	2	–	3	3	42	39	24	25	130
24. Bronchitis	4	3	1	1	11	1	14	9	7	5	1	2	–	1	–	–	1	–	3	–	4	3	12	8	1	1	16	4	2	2	4	2	14	7	8	2	2	–	42	22	63	29	156
25. Other diseases of respiratory system	1	–	1	–	1	2	1	–	4	2	–	1	–	–	–	–	1	–	1	2	1	–	1	2	1	–	8	1	1	–	–	–	1	2	–	2	1	–	10	7	14	7	38
26. Ulcer of stomach and duodenum	1	–	–	–	6	–	5	1	3	–	1	2	–	1	–	–	–	–	3	1	–	–	6	–	–	–	3	1	–	–	3	2	2	–	1	–	–	1	16	7	15	4	42
27. Gastritis, enteritis and diarrhœa	–	–	–	–	–	–	–	–	1	1	–	–	–	1	1	1	–	1	–	–	–	–	–	–	–	–	3	–	–	–	–	–	1	–	–	2	–	–	2	4	4	2	12
28. Nephritis and nephrosis	–	–	1	–	1	4	4	2	4	1	–	4	–	1	–	–	1	–	–	–	2	2	3	2	2	1	–	3	–	1	2	–	6	1	1	–	2	1	11	12	18	11	52
29. Hyperplasia of prostate	1	–	–	–	3	–	3	–	4	–	4	–	–	–	–	–	1	–	2	–	2	–	4	–	1	–	–	–	–	–	1	–	–	–	1	–	2	1	18	–	10	–	28
30. Pregnancy, childbirth, abortion	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–
31. Congenital malformations	–	1	–	–	3	2	5	3	–	–	2	–	2	–	–	–	–	–	–	–	–	1	1	2	2	–	–	–	1	2	2	–	1	1	–	–	–	1	12	6	7	7	32
32. Other defined and ill-defined diseases	4	4	–	1	7	17	21	19	22	20	6	8	11	9	2	5	4	3	3	3	11	7	14	11	9	3	20	22	10	7	6	6	9	17	8	7	12	5	80	89	99	86	353
33. Motor vehicle accidents	1	–	1	–	–	–	2	–	4	–	–	–	2	–	1	–	2	–	4	–	2	–	6	2	1	–	5	–	1	–	3	–	1	1	1	–	3	1	17	–	23	4	44
34. All other accidents	3	–	1	–	4	3	4	4	2	1	1	1	–	1	1	3	–	–	1	2	1	–	6	7	2	–	5	6	2	1	–	1	3	6	–	3	1	4	17	15	20	26	78
35. Suicide	–	–	–	–	2	–	1	2	1	1	–	1	4	2	2	–	–	–	2	–	–	–	8	2	–	–	3	3	2	–	–	2	1	–	1	2	1	1	12	6	16	10	44
36. Homicide and operations of war	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Deaths of infants under one year :																																											
Total	5	2	1	–	8	8	11	8	5	5	1	1	3	4	–	–	–	1	2	–	3	4	5	2	2	1	7	2	1	6	–	1	5	8	–	1	2	4	36	29	25	29	119
Legitimate	5	2	1	–	8	8	11	8	5	4	1	1	2	4	–	–	–	1	2	–	3	4	4	2	2	1	7	2	1	6	–	1	6	8	–	1	2	3	35	28	24	28	115
Illegitimate	–	–	–	–	–	–	–	–	–	1	–	–	1	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	1	1	4
Deaths of infants under four weeks :																																											
Total	3	2	–	–	4	6	7	6	3	5	–	–	2	2	–	–	–	1	2	–	2	4	4	2	–	1	4	1	1	4	–	1	1	4	–	–	2	3	21	22	14	20	77
Legitimate	3	2	–	–	4	6	7	6	3	4	–	–	2	2	–	–	–	1	2	–	2	4	3	2	–	1	4	1	1	4	–	1	1	4	–	–	2	2	21	21	13	19	74
Illegitimate	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	1	1	3
Live Births :																																											
Total	43	63	26	21	203	190	305	264	273	235	76	74	122	120	48	68	55	47	157	148	98	82	358	331	89	91	318	279	71	74	84	83	226	180	63	56	130	146	1,308	1,230	1,437	1,322	5,297
Legitimate	42	63	25	21	199	186	302	259	262	223	76	71	114	114	45	64	54	47	154	143	97	79	344	327	82	87	312	266	69	73	79	81	217	174	59	52	126	141	1,273	1,191	1,385	1,280	6,129
Illegitimate	1	–	1	–	4	4	3	5	11	12	–	3	8	6	3	4	1	–	3	5	1	3	14	4	7	4	6	13	2	1	5	2	9	6	4	4	4	5	35	39	52	42	168
Still-births :																																											
Total	1	–	1	–	6	4	3	10	6	8	3	1	3	3	–	–	–	–	–	4	4	2	9	9	2	–	4	8	1	2	2	2	3	2	2	1	4	3	23	30	31	29	113
Legitimate	1	–	1	–	6	4	3	9	6	8	3	1	3	3	–	–	–	–	–	4	4	2	8	8	1	–	4	8	1	2	2	2	3	2	2	1	3	3	23	29	28	28	108
Illegitimate	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	1	–	–	–	–	–	–	–	–	–	–	–	1	–	–	1	3	1	5
Home Population	6,610		3,390		25,840		39 800		35,960		10,440		14,470		6,880		6,460		16,750		13,850		49,640		10,210		40,150		10,130		12,060		27,060		10,040		18,760		166,600		191,900		358,600
Comparability Factors : Births	0.99		0.98		0.97		0.98		1.02		1.08		0.98		1.03		0.98		1.01		1.00		1.04		1.03		1.05		1.06		1.06		0.99		1.06		1.07		1.00		1.04		1.02	
Deaths	0.99		1.13		1.08		1.16		1.02		0.83		1.04		0.93		1.03		1.13		1.02		1.03		1.02		0.97		0.99		0.87		0.99		0.86		0.91		1.05		0.99		1.02	

T.B. 3.—Return showing the immediate results of treatment of patients discharged from Residential institutions during the year 1926.

Classification on admission to the Institution.		Condition at time of discharge.	Duration of Residential Treatment in the Institution.												Total
			Under 3 months.			3—6 months.			6—12 months.			More than 12 months.			
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
Pulmonary Tuberculosis	Class T.B. minus.	Quiescent	4	1	3	10	14	16	9	10	4	...	...	...	71
		Improved	7	13	5	11	10	11	6	9	2	...	...	...	74
		No material improvement	5	6	2	3	...	...	1	...	...	...	...	...	17
		Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...
	Class T.B. plus. Group 1.	Quiescent	1	...	...	1	...	1	2	...	...	...	..	...	5
		Improved	2	1	1	4	1	...	1	1	...	...	...	...	11
		No material improvement	2	...	...	...	...	...	1	...	...	...	...	...	3
		Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...
	Class T.B. plus. Group 2.	Quiescent	1	1	...	4	1	...	1	1	...	...	...	1	10
		Improved	4	1	...	11	3	...	4	5	...	...	...	...	28
		No material improvement	6	3	...	1	...	...	4	...	...	...	...	...	14
		Died in Institution	1	...	...	...	...	...	...	...	...	...	...	...	1
	Class T.B. plus. Group 3.	Quiescent	...	...	...	...	...	...	...	...	...	...	...	...	...
		Improved	5	1	...	5	3	...	...	9	...	...	...	...	23
		No material improvement	6	9	1	2	...	...	...	...	...	...	...	...	18
		Died in Institution	5	4	...	1	2	...	...	1	...	...	...	...	13

In addition 9 cases were admitted for observation purposes, and 4 of these were diagnosed as Tubercular.

Non-Pulmonary Tuberculosis.

Bones and Joints :—	Quiescent or Arrested	2
	Improved	6
	No Improvement	1
Abdominal :—	Quiescent or Arrested	4
	Improved	3
Other Organs :—	Improved	1
Peripheral Glands :—	Quiescent or Arrested	3
		20

Note.—Cases transferred to other Institutions not counted as discharges.

T.B. 4. TUBERCULOSIS (Pulmonary and Other).

Year.		Number of Notifications.			Number of Deaths.			Death Rate.		
		Urban	Rural	Whole County.	Urban	Rural	Whole County.	Urban	Rural	Whole County.
1921	Lungs	188	190	378	94	107	201	0.86	0.70	0.77
	Other	34	37	71	35	31	66	0.32	0.20	0.25
1922	Lungs	162	167	329	95	110	205	0.86	0.71	0.77
	Other	26	36	62	27	33	60	0.25	0.21	0.23
1923	Lungs	185	161	346	85	120	205	0.76	0.77	0.76
	Other	38	46	84	13	27	40	0.12	0.17	0.15
1924	Lungs	144	159	303	90	130	220	0.79	0.81	0.81
	Other	34	46	80	27	28	55	0.24	0.18	0.20
1925	Lungs	188	203	391	106	111	217	0.93	0.69	0.79
	Other	32	65	97	33	24	57	0.29	0.15	0.21
Average for above 5 years.	Lungs	173	176	349	94	116	210	0.84	0.72	0.77
	Other	33	46	79	27	29	56	0.24	0.18	0.21
1926	Lungs	155	193	348	79	117	196	0.68	0.71	0.70
	Other	42	47	89	21	31	52	0.18	0.19	0.19

T.B. 5. TUBERCULOSIS:—Notifications and Deaths. Shewing Age Periods.

AGE PERIODS.	NEW CASES.				DEATHS.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.
0 to 1	...	...	2	3	...	...	4	4
1 to 5	4	1	12	10	1	1	8	7
5 to 15	18	23	23	7	3	4	5	2
15 to 25	51	57	4	8	21	38	4	2
25 to 45	69	78	8	9	42	40	6	3
45 to 65	27	16	2	1	28	10	4	2
65 and upwards	3	1	...	...	7	1	...	1
Total	172	176	51	38	102	94	31	21

	District.	Estimated Population.	NOTIFICATIONS OF TUBERCULOSIS.				DEATHS FROM TUBERCULOSIS.			
			Pulmonary.	Attack Rate	Non-Pulmonary	Attack Rate	Pulmonary.	Death Rate	Non-Pulmonary	Death Rate
URBAN.	Ashby-de-la-Zouch	5,288	2	.38	2	.38	...	...	...	...
	Ashby Woulds	3,556	2	.56	4	1.12	2	.56	1	.28
	Coalville	22,190	24	1.08	9	.41	12	.54	1	.04
	Hinckley	14,950	22	1.47	6	.40	13	.87	2	.13
	Loughborough	26,450	41	1.55	5	.19	19	.72	5	.19
	Market Harborough	8,918	5	.56	1	.11	1	.11	5	.56
	Melton Mowbray	10,010	16	1.60	2	.20	12	1.20	2	.20
	Oadby	3,276	3	.92	1	.31	1	.31	...	...
	Quorn	2,522	1	.39	6	2.35	...	...	1	.39
	Shepshed	5,842	10	1.71	1	.17	2	.34	1	.17
	Thurmaston	2,995	10	3.34	1	.33	5	1.67	1	.33
	Wigston Magna	9,603	19	1.98	4	.42	12	1.25	2	.21
	TOTALS.	115,600	155	1.34	42	.36	79	.68	21	.18
RURAL.	Ashby-de-la-Zouch	17,990	14	.78	11	.61	9	.50	5	.28
	Barrow-on-Soar	27,750	49	1.76	17	.61	21	.76	8	.30
	Belvoir	3,298	3	.91	...	...	3	.91	...	...
	Billesdon	9,576	6	.63	2	.21	3	.31	...	...
	Blaby	20,260	30	1.48	3	.15	15	.74	1	.05
	Castle Donington	6,314	2	.32	...	...	6	.95	1	.16
	Hallaton	1,763	2	1.13	...	...	1	.57	...	...
	Hinckley	16,150	17	1.05	...	...	17	1.05	2	.12
	Loughborough	4,591	3	.65	...	...	...	...	1	.22
	Lutterworth	10,430	10	.96	2	.19	7	.67	4	.38
	Market Bosworth	23,600	24	1.02	6	.25	17	.72	4	.17
	Market Harborough	7,608	16	2.10	1	.13	12	1.58	...	...
	Melton Mowbray	14,770	17	1.15	5	.34	6	.41	5	.34
	TOTALS.	164,100	193	1.18	47	.29	117	.71	31	.19

TABLE 1. VITAL STATISTICS.

	Leicestershire County, 1926.						England and Wales
	Urban.		Rural.		Whole County.		
Population	115,600		164,100		279,700		—
	No.	Rate.	No	Rate.	No.	Rate.	Rates.
Births	2043	17·67	2825	17·2	4868	17·4	17·8
Deaths (all causes and all ages)	1196	10·35	1750	10·66	2946	10·53	11·6
,, (under one year) ..	133	*65·00	151	*53·00	284	*58·00	*70·0
,, (total Zymotic) ..	43	0·37	43	0·26	86	0·31	—
Deaths from—							
The seven principal Zymotic Diseases. Small Pox	0	0·00	0	0·00	0	0·00	0·00
Enteric Fever	0	0·00	5	0·03	5	0·018	0·01
Measles	4	0·03	3	0·02	7	0·025	0·09
Whooping Cough ..	20	0·17	11	0·07	31	0·11	0·10
Diphtheria	4	0·03	13	0·08	17	0·06	0·07
Scarlet Fever	4	0·03	0	0·00	4	0·014	0·02
†Diarrhœa (under 2 years)	11	*5·38	11	*3·89	22	*4·52	*8·7
					Percentage of Total Deaths.		
					Urban.	Rural.	Whole County
The seven chief causes of Death were: Heart Disease	159	1·37	253	1·54	412	1·47	13·29	14·46	13·98
Cancer	139	1·20	206	1·25	345	1·23	11·62	11·77	11·71
Cerebral Hæmorrhage	89	0·77	136	0·83	225	0·80	7·44	7·77	7·64
Phthisis	79	0·68	117	0·71	196	0·70	6·60	6·68	6·65
Pneumonia	69	0·60	84	0·51	153	0·55	5·77	4·80	5·19
Bronchitis	56	0·47	77	0·47	132	0·47	4·60	4·40	4·48
Congenital Debility	63	0·54	67	0·41	130	0·46	5·27	3·83	4·41

NOTES.—** The Rates are calculated per thousand of the population except where marked (*) which are per thousand registered births.*

† The Diarrhœa Rates per thousand of the population are: Urban, 0·09 *; Rural,* 0·07 *; Whole County,* 0·08

TABLE 2. **Birth-rate, Death-rate,** and **Analysis** of **Mortality** during the year 1926.

(*Provisional Figures. The Rates for England and Wales have been calculated on a population estimated to the middle of* 1926, *while those for the towns have been calculated on populations estimated to the middle of* 1925. *The mortality rates refer to the whole population as regards England and Wales, but only to civilians as regards London and the groups of towns.*)

—	Birth-rate per 1,000 Total Population.	Annual Death-rate per 1,000 Population.									Rate per 1,000 Births.	
		All Causes.	Enteric Fever.	Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Violence.	Diarrhœa and Enteritis (under Two Years).	Total Deaths under one year.
England and Wales	17.8	11.6	0.01	0.00	0.09	0.02	0.10	0.07	0.22	0.47	8.7	70
105 County Boroughs and Great towns, including London ...	18.2	11.6	0.01	0.00	0.12	0.02	0.10	0.10	0.22	0.43	11.8	73
158† Smaller Towns (1921 Adjusted Populations 20,000—50,000) ...	17.6	10.6	0.01	0.00	0.07	0.02	0.11	0.06	0.23	0.40	6.6	67
London	17.1	11.6	0.01	0.00	0.20	0.02	0.05	0.12	0.17	0.48	11.8	64
Leicestershire	**17.4**	**10.53**	**0.018**	**0.00**	**0.025**	**0.014**	**0.11**	**0.06**	**0.21**	**0.35**	**4.52**	**58**

† Hanwell U.D. having been added to Ealing M.B. on the 1st October, 1926, the figures relate to 158 towns for the first nine months and to 157 towns for the rest of the year.

TABLE 3. **The Seven Chief Causes of Death in 1926.**

Disease.	URBAN.				RURAL.				WHOLE COUNTY.			
	Previous Quinquennial Average		1926		Previous Quinquennial Average		1926		Previous Quinquennial Average		1926	
	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
Heart Disease ...	153	12.16	159	13.29	235	13.29	253	14.47	388	12.82	412	13.98
Cancer	136	10.72	139	11.62	188	10.66	206	11.77	324	10.68	345	11.71
Cerebral Hæmorrhage	91	7.17	89	7.44	126	7.17	136	7.77	217	7.17	225	7.64
Phthisis	94	7.44	79	6.60	116	6.54	117	6.68	210	6.92	196	6.65
Pneumonia ...	72	5.67	69	5.77	101	1.14	84	4.80	173	5.71	153	5.19
Bronchitis ...	94	7.39	55	4.60	102	5.80	77	4.40	196	6.46	132	4.48
Congenital Debility	75	5.95	63	5.27	88	4.99	67	3.83	163	5.39	130	4.41

TABLE 4.

NOTIFIABLE DISEASES.

Disease.	Total Cases Notified.	Cases admitted to Hospital.	Total Deaths.
*Small Pox	—	—	—
*Scarlet Fever	474	253	4
*Diphtheria	265	181	17
*Enteric Fever (including para-typhoid)	26	28	5
*Puerperal Fever	7	—	5
Pneumonia	310	—	153
Other Diseases generally notifiable :—			
Tuberculosis (Lungs)	349	—	196
,, (Other)	89	—	52
*Erysipelas	120	2	—
Poliomyelitis	72	13	9
Ophthalmia Neonatorum	21	—	—
Encephalitis Lethargica	17	2	11
Malaria	3	—	—
*Puerperal Pyrexia	3	—	—
Cerebro-Spinal Fever	2	—	—
Polio-encephalitis	2	—	2
Other Diseases notifiable locally :—			
Chicken Pox	258	5	—
Measles	—	4	7

* Figures supplied by the Registrar General.

Notes.—Enteric Fever.—A few cases were admitted to Isolation Hospital for observation.

Chicken Pox.—This disease was made notifiable in the following Districts during part of the year—Ashby Urban, Loughborough Urban and Rural, Quorn Urban and Belvoir Rural.

Measles.—This disease was not notifiable in any of the Districts during 1926.

TABLE 5. DIPHTHERIA.—The following Table gives the statistics of this disease.

Year.	No. of Notifications.			No. of Deaths.			* Attack Rate.			Case Fatality per cent.			* Death Rate.			* Death Rate for England and Wales.
	Urban	Rural	Whole County	Urban	Rural	Whole County	Urban	Rural	Whole County	Urban	Rural	Whole County	Urban	Rural	Whole County	
1922	110	201	311	8	20	28	0.99	1.30	1.17	7.27	9.95	9.00	0.07	0.12	0.10	0.11
1923	64	203	267	2	28	30	0.57	1.30	0.99	3.13	13.79	11.24	0.02	0.18	0.11	0.07
1924	129	186	315	5	13	18	1.14	1.17	1.15	3.88	6.99	5.71	0.04	0.08	0.06	0.06
1925	137	148	285	6	8	14	1.20	0.92	1.04	4.38	5.41	4.91	0.05	0.05	0.05	0.07
1926	106	159	265	4	13	17	0.38	0.57	0.95	3.77	8.18	6.42	0.03	0.08	0.06	0.07

* Per 1,000 of Population

TABLE 6. SCARLET FEVER.—The statistical information relating to Scarlet Fever is as follows.

Year.	No. of Notifications.			No. of Deaths.			* Attack Rate.			Case Fatality per cent.			* Death Rate.			* Death Rate for England and Wales.
	Urban	Rural	Whole County	Urban	Rural	Whole County	Urban	Rural	Whole County	Urban	Rural	Whole County	Urban	Rural	Whole County	
1922	129	169	298	2	3	5	1.17	1.09	1.12	1.55	1.77	1.67	0.02	0.02	0.02	0.04
1923	96	120	216	0	2	2	0.86	0.77	0.80	0.00	0.67	0.91	0.00	0.01	0.01	0.03
1924	101	145	246	0	2	2	0.89	0.91	0.90	0.00	1.37	0.81	0.00	0.01	0.01	0.02
1925	295	309	604	1	2	3	2.59	1.92	2.20	0.34	0.65	0.50	0.01	0.01	0.01	0.03
1926	216	258	474	4	—	4	1.87	1.57	1.69	1.85	0.00	0.84	0.03	0.00	0.01	0.02

* Per 1000 of Population.

TABLE 7. DIARRHŒAL DISEASES.

Year.	Deaths under Two Years of Age.									
	Number.			Rate per 1000 Population.			Rate per 1000 Births.			England and Wales Rate per 1000 Births
	Urban	Rural	Whole County	Urban	Rural	Whole County	Urban	Rural	Whole County	
1922	10	8	18	0.09	0.05	0.07	4.13	2.58	3.26	6.2
1923	19	15	34	0.17	0.10	0.13	8.36	4.98	6.39	7.7
1924	16	7	23	0.14	0.04	0.08	7.25	2.39	4.48	7.3
1925	15	11	26	0.13	0.07	0.09	7.28	3.91	5.33	8.4
1926	11	11	22	0.09	0.07	0.08	5.38	3.89	4.52	8.7

DISTRICT	INSPECTION OF HOUSES DURING THE YEAR			HOUSES DEMOLISHED OR CLOSED DURING THE YEAR					DWELLING HOUSES REPAIRED		
				HOUSING ACT, 1936			Housing Act, 1949	Local Government (Misc. Provs.) Act, 1953	INFORMAL ACTION	FORMAL ACTION	
	Total Number of bouses inspected for housing defects (Public Health and Housing Acts)	Number of houses (included in previous column) inspected under the Housing Consolidated Regulations, 1925 and 1932	Number of houses found to be in a state so dangerous to health as to be unfit for human habitation	Demolished as a result of formal or informal procedure (Section 11)	Closed in pursuance of an undertaking given by owners and still in force (Section 11)	Parts of buildings closed (Section 12)	Closed as a result of closing orders under Section 10(1) and 11(2)	Closing Orders made under Section 10(1)	Number of houses rendered fit as result of action under Public Health and Housing Acts	Public Health Acts	Housing Act, 1936 (Section 9, 10, 11 and 16)
										Number of houses in which defects were remedied after service of formal notices	Number of houses rendered fit after service of formal notices
Urban Districts											
Ashby-de-la-Zouch ..	378	—	3	—	2	–	–	—	378	2	—
Ashby Woulds ..	70	—	11	—	—	–	–	—	—	—	—
Coalville	413	35	250	1	—	3	1	—	87	9	5
Hinckley	353	118	118	9	—	–	–	—	97	1	—
Loughborough M.B.	724	46	678	7	—	–	–	7	444	—	12
Market Harborough	402	44	38	7	—	1	–	—	117	—	—
Melton Mowbray ..	142	14	14	—	6	1	–	7	57	—	—
Oadby	61	—	36	—	—	–	–	—	41	2	—
Shepshed	141	24	10	5	—	–	–	—	34	28	—
Wigston	95	39	41	1	—	–	–	4	45	7	—
Rural Districts ..											
Ashby-de-la-Zouch ..	160	—	80	12	—	–	–	5	57	2	—
Barrow-upon-Soar ..	715	118	496	25	1	–	–	—	184	23	—
Billesdon	327	104	76	—	—	–	–	—	6	4	—
Blaby	316	114	58	4	8	–	–	13	119	4	1
Castle Donington ..	144	33	10	3	—	–	–	—	111	—	—
Lutterworth	362	—	350	—	—	–	3	—	7	—	2
Market Bosworth ..	2,109	—	153	—	1	–	–	—	137	6	—
Market Harborough	710	—	107	—	—	–	–	9	21	—	—
Melton and Belvoir ..	831	422	47	4	17	–	–	—	219	—	—
Totals ..	8,453	1,111	2,576	78	35	5	4	45	2,161	88	20

Causes of Death in Urban Areas 1926.

Causes of Death.	Loughborough M.B.		Ashby-de-la-Zouch U.D.		Ashby Woulds U.D.		Coalville U.D.		Hinckley U.D.		Market Harborough U.D.		Melton Mowbray U.D.		Quorndon U.D.		Shepshed U.D.		Thurmaston U.D.		Wigston Magna U.D.		Oadby U.D.		Totals. U.D.'s.		Totals. R.D.'s		Totals. Whole County.
Civilians only.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
ALL CAUSES.	157	129	26	31	21	22	129	105	60	78	52	01	63	40	14	15	25	20	18	18	40	47	14	11	113	91	140	132	18	22	39	39	102	100	45	43	9	7	88	79	21	23	55	70	115	124	41	56	85	84	619	577	880	870	2940
1 Enteric Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	1	1	...	...	2	3	5
2 Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
3 Measles	...	2	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	3	2	1	7
4 Scarlet fever	1	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	1	...	...	4
5 Whooping cough	3	3	...	2	...	1	5	2	...	1	1	...	...	...	...	...	...	1	...	...	1	...	...	...	...	1	1	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	1	10	10	4	7	31
6 Diphtheria	1	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	3	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	3	...	1	2	...	...	...	1	3	1	3	10	17
7 Influenza	2	2	...	...	1	1	5	2	1	2	1	...	1	...	...	1	...	...	...	...	1	...	...	...	2	2	4	5	1	...	...	...	1	1	...	2	2	...	...	...	...	4	1	...	1	2	2	4	1	4	12	8	15	24	59
8 Encephalitis lethargica	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	3	...	...	...	1	...	...	1	7	3	11
9 Meningococcal meningitis	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	3
10 Tuberculosis of respiratory system	9	10	...	...	...	2	5	7	9	4	...	1	8	4	...	...	1	1	1	4	8	4	...	1	2	7	11	10	1	2	1	2	0	0	2	4	1	...	11	0	...	...	6	1	7	10	5	7	5	1	41	38	61	56	100
11 Other tuberculous diseases	4	1	...	...	1	...	...	1	2	...	3	2	2	...	...	1	...	1	...	1	1	...	...	...	4	1	7	1	...	...	...	...	...	1	...	1	...	...	...	2	...	...	3	1	...	4	...	...	2	3	13	8	18	13	52
12 Cancer, malignant disease	16	14	2	4	...	...	10	11	4	10	5	10	6	10	2	3	3	4	1	2	5	7	3	1	10	12	14	18	2	0	6	6	12	8	6	8	1	1	4	11	3	2	5	12	6	17	6	7	11	12	63	76	86	120	345
13 Rheumatic fever	1	2	...	1	...	...	...	1	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	1	...	3	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	3	...	...	...	1	1	...	2	5	10	3	20
14 Diabetes	1	1	...	...	...	...	...	3	2	...	...	3	...	...	...	1	...	1	...	...	...	...	...	...	2	...	2	2	...	...	...	1	...	1	1	2	1	...	1	...	1	1	...	1	...	...	...	1	2	3	0	9	12	33
15 Cerebral hæmorrhage, &c.	11	12	2	4	2	2	2	9	5	3	5	...	3	6	1	2	2	5	1	...	3	5	2	2	10	7	6	17	...	2	0	1	9	12	...	2	1	5	9	3	3	5	9	2	5	1	0	4	9	39	50	53	83	225
16 Heart Disease	21	17	5	4	4	3	9	16	10	10	6	11	5	4	1	3	3	...	3	2	11	5	5	1	14	10	22	20	2	5	1	3	8	15	7	9	...	1	17	17	4	5	8	5	18	17	5	9	11	14	83	76	117	136	412
17 Arterio-sclerosis	4	1	1	4	...	...	6	...	4	2	3	...	7	3	...	...	...	...	2	2	...	...	1	...	4	2	7	0	1	...	5	1	1	1	2	...	...	...	1	...	1	...	2	8	5	11	3	...	3	8	28	10	35	40	113
18 Bronchitis	7	5	1	1	2	1	4	3	1	9	...	5	4	...	...	...	2	2	1	1	1	4	1	...	6	1	5	3	1	2	1	5	8	7	...	2	1	1	4	2	...	...	3	4	9	...	3	2	0	1	24	31	47	30	132
19 Pneumonia (all forms)	8	7	1	2	2	2	7	10	3	5	2	6	7	1	...	...	...	...	1	2	...	1	1	1	4	3	7	5	...	2	1	2	9	2	...	2	...	...	...	7	3	1	1	2	5	8	9	4	2	3	2	32	37	46	38	153
20 Other respiratory diseases	1	1	1	1	...	...	2	1	1	2	2	...	...	2	...	...	1	...	...	1	1	...	...	...	1	1	3	...	...	...	...	...	...	...	...	...	...	1	...	2	1	...	...	1	...	3	1	2	1	...	9	9	8	8	34
21 Ulcer of stomach or duodenum	3	2	...	...	...	...	3	1	3	1	1	...	1	...	...	...	1	1	...	...	1	...	...	...	...	1	3	...	...	...	2	...	1	1	1	...	...	...	1	...	...	...	1	...	...	...	1	...	13	5	9	5	32
22 Diarrhœa, &c. (under 2 yrs.)	...	1	1	1	...	...	3	2	...	1	...	...	1	1	...	...	...	...	...	...	...	...	...	...	2	1	1	2	...	...	1	...	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	6	6	5	22
23 Appendicitis and typhlitis	...	...	1	1	...	...	3	1	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	1	...	3	...	...	...	2	...	1	3	...	...	...	...	...	...	...	...	1	1	...	1	1	...	...	1	5	3	6	4	18
24 Cirrhosis of liver	1	1	1	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	6	2	7	...	15
25 Acute and chronic nephritis	3	2	...	...	...	1	2	...	...	3	2	2	3	...	...	...	2	...	1	...	2	2	...	...	2	1	4	4	2	...	3	3	5	4	1	1	1	...	2	...	1	1	2	...	1	3	1	1	...	1	15	10	25	19	69
26 Puerperal sepsis	...	1	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	3	...	2	5
27 Other accidents and diseases of pregnancy and parturition	...	1	...	...	...	...	...	2	...	...	...	1	...	...	...	1	...	...	...	...	...	1	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	1	...	6	...	0	12
28 Congenital debility and malformation, premature birth	11	4	1	1	2	1	14	3	3	1	2	...	8	3	2	1	1	1	1	1	1	1	...	...	11	5	2	4	...	1	...	3	5	5	1	2	...	...	2	1	1	...	1	...	9	5	1	1	4	3	46	17	37	30	130
29 Suicide	5	2	2	...	...	...	...	...	...	...	2	1	1	...	1	...	...	...	...	...	...	1	...	...	3	1	5	...	...	...	...	...	2	...	...	...	...	...	...	1	1	...	...	1	...	...	1	0	...	11	4	19	3	37
30 Other deaths from violence	2	3	2	...	1	1	8	3	1	2	2	1	1	2	2	...	...	...	1	2	...	...	1	...	0	3	9	1	1	...	3	1	2	8	4	...	...	...	2	2	1	...	...	1	0	2	...	2	4	1	21	14	41	21	97
31 Other defined diseases	38	32	5	4	6	7	32	25	11	20	15	10	3	4	1	2	9	3	5	1	2	14	...	4	25	23	31	23	7	2	4	8	20	25	17	7	2	2	24	24	4	4	14	14	28	24	0	10	18	10	130	132	200	182	644
32 Causes ill-defined or unknown	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	1	...	...	1	...	2	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	1	7	4	13
Special Causes (included above)																																																								
Poliomyelitis	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	2	...	...	...	1	...	...	2	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	2	3	3	9
Polioencephalitis	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	1	2
Deaths of infants under 1 year: Total	16	13	2	4	5	3	30	15	5	4	3	1	11	4	2	...	3	3	1	2	3	2	...	1	23	9	11	11	...	1	1	3	10	10	2	4	...	...	4	6	1	...	4	3	17	14	1	3	0	7	81	52	80	71	284
Illegitimate	1	1	...	...	1	...	1	...	...	...	...	...	1	...	...	...	...	1	...	1	...	1	...	...	3	...	1	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	1	...	2	...	...	...	1	1	4	4	7	4	10
TOTAL BIRTHS	211	191	55	38	44	29	231	221	162	126	67	58	103	80	22	18	41	46	28	34	73	84	30	15	104	179	210	218	27	23	71	75	163	169	68	53	4	13	135	120	33	32	95	103	240	220	48	57	146	120	1100	943	1434	1301	4868
Legitimate	234	186	54	37	43	28	228	210	156	122	04	58	94	78	21	18	41	45	28	31	69	81	30	15	189	173	205	213	27	21	69	72	160	162	60	49	4	13	130	117	33	31	90	95	233	221	47	57	140	113	1062	018	1393	1337	4710
Illegitimate	7	5	1	1	1	1	6	5	6	4	3	...	9	2	1	...	...	1	...	3	4	3	...	...	5	0	5	5	...	2	2	3	3	7	2	4	...	...	5	3	...	1	5	8	7	8	1	...	0	7	38	25	41	54	158
POPULATION	26450		5288		3556		22100		14950		8918		10010		2522		5842		2995		9603		5276		17990		27750		3208		0576		20260		6314		1703		10150		4591		10430		23000		7608		14770		115000		161100		276700

Causes of Death in Rural Areas 1926.